

Children's Voice

VOLUME 16, NO. 1

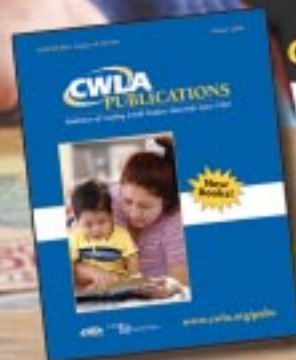
CHILD WELFARE LEAGUE OF AMERICA

JANUARY/FEBRUARY 2007

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- Seven Solutions for Fighting Meth, Healing Families
- Children of the Incarcerated
- Making Fundraising Strategies Stick



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Children's Voice

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The Child Welfare League of America is the nation's oldest and largest membership-based child welfare organization. We are committed to engaging people everywhere in promoting the well-being of children, youth, and their families and protecting every child from harm.

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is available on the Internet at
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JANUARY/FEBRUARY 2007

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Executive

DIRECTIONS

The year 2006 was a busy one for CWLA's Board of Directors. In February, CWLA President and CEO Shay Bilchik decided he would leave the League at the end of the year, placing the Board on the fast track to find a qualified successor.

Throughout the year, we worked very closely with search firm SpencerStuart to find the right person to continue CWLA's 87 years of working on behalf of children and families, and to take the initiatives and direction Shay instituted during his seven years as CWLA's ninth leader to the next level.

The Board is immensely grateful for the leadership Shay provided during his tenure. He spearheaded the League's strategic planning process, culminating in the September 2000 publication of *Making Children a National Priority*, CWLA's strategic plan for 2000–2010. He also strengthened CWLA's organizational structure, enhanced communications, and encouraged cross-functional teaming.

Shay carried CWLA during a very difficult financial climate in recent years and was able to successfully stabilize the organization. Financial regrowth and expansion are now on the horizon for CWLA, and the Board is looking to the League's 10th leader to provide strong, goal-oriented leadership during this exciting time.

To clearly pinpoint the expectations and priorities for the next President and CEO, we began by surveying staff, current and past member agencies, and Board members. With this information, the Board outlined three critical competencies necessary for CWLA's next leader:

Member relations. Representing a membership base of some 800 public and private agencies, CWLA's President and CEO will promote the open exchange of data, resources, and ideas, and be a conduit for that information by developing a customer service orientation and proactive approach to handling member relations, emphasizing communication of the programs and services offered by CWLA and the areas of expertise of its staff, and fostering an environment that enables member agencies to network and collaborate.

Financial savvy. The President and CEO will secure and enhance CWLA's financial position by leading the development and implementation of a long-term strategy to further diversify revenue streams beyond membership dues, evaluating and improving current programs and services to justify membership costs and compete with like organizations, and gaining consensus from key constituencies on the strategic priorities for the organization to narrow



CWLA's focus and maximize resources.

Political savvy.

In a political environment that has been less supportive of child welfare and family issues than in the past, the President and CEO must lead the call to action on behalf of its mem-

bers at the federal, state, and local levels by collaborating and setting joint priorities with organizations to ensure resources and effectiveness are maximized, building consensus and shared perspective among the membership base on the most relevant and high priority issues, and leveraging both the national and local media to create awareness of CWLA's mission.

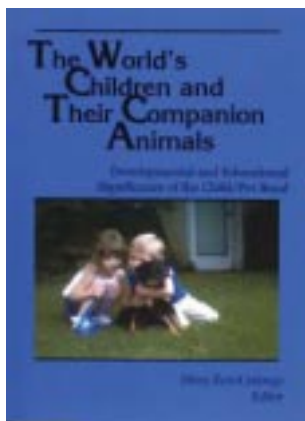
At press time for this issue of *Children's Voice*, the Board had narrowed its search to a handful of highly qualified, diverse candidates from across the country. Each possessed most or all of the experience we have been looking for, including a track record of increasing responsibility and successful leadership in the business, academia, government, nonprofit, or child welfare fields; prior organizational management responsibility; prior success working with a volunteer board and a large membership organization; a record of success developing fundraising strategies; and experience developing and guiding public policy and legislative strategy for an organization at the federal, state, and local levels.

By the time this issue hits mailboxes, the Board expects to narrow its search to one outstanding candidate who will lead CWLA into a new era. We hope you will embrace this new leader with the same excitement and anticipation as CWLA's Board and staff, and look to future Executive Directions columns in *Children's Voice* to learn more about our new leader's vision for CWLA and the child welfare field.

George W. Swan
Chair, CWLA Board of Directors

The World's Children and Their Companion Animals: Developmental and Educational Significance of the Child/Pet Bond

Mary Renck Jalongo, Editor



Internationally renowned physician Albert Schweitzer once said, "We need a boundless ethic which will include the animals also." It is just such an ethic, an ethic of compassion and generosity, that holds the greatest promise for more responsive parenting, more compassionate teaching, and a more tolerant and just society.

Foreword: Stars in a Child's Universe by Michael J. Rosen

Introduction: The Special Significance of Companion Animals in Children's Lives by Mary Renck Jalongo with Marsha R. Robbins and Reade Paterno

Part One: Children, Families, and Companion Animals

- * Bonding With and Caring for Pets: Companion Animals and Child Development
- * Companion Animals in the Lives of Boys and Girls: Gendered Attitudes, Practices, and Preferences
- * Companion Animals at Home: What Children Learn From Families

Part Two: Companion Animals in Schools and Communities

- * A Friend at School: Classroom Pets and Companion Animals in the Curriculum
- * Animals That Heal: Animal-Assisted Therapy With Children
- * Global Companion Animals: Bonding With and Caring for Animals Across Cultures and Countries
- * Portraying Pets: The Significance of Children's Writings and Drawings About Companion Animals

Part Three: Companion Animals in Print and in the Media

- * Companion Animals in Books: Themes in Children's Literature
- * Companion Animals and Technology: Using the Internet, Software, and Electronic Toys To Learn About Pets

Afterword by Mary Renck Jalongo

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Agency Briefs

ORGANIZATION PROGRAMS

Exhibit Showcases Resiliency of Abused Children and How to Help

Every now and then, a horrendous case of child abuse hits the headlines and briefly raises public attention around the issue. The case of 7-year-old Nixzmary Brown is one such example, recalls Mel Schneiderman, Director of the Vincent J. Fontana Center for Child Protection in New York City.

School administrators reported suspected abuse of Nixzmary, but help didn't come soon enough. The starved and beaten 36-pound girl died of a blow to the head, inflicted by her mother's boyfriend in her Brooklyn home, in January 2006.

The Fontana Center is on a mission to keep the issue of child abuse in the spotlight and prevent cases like Nixzmary's from happening again with a new permanent exhibit on child abuse and protection. The center began offering public tours of the exhibit in October to parent-teacher groups, religious institutions, and other groups to educate the public about child maltreatment and what they can do to protect children.

"We thought it would be innovative and effective to sensitize the public to the issue of child abuse," Schneiderman says.

The interactive exhibit provides answers to frequently asked questions about child maltreatment. Guests select different topics from a monitor to receive a lesson on particular aspects of child abuse. The exhibit also features information on the stages abused children go through during the healing process. Visitors can view a short film about the necessity of child protection centers and study a timeline on the evolution of child protection services created by John E.B. Myers, a professor at the University of the Pacific McGeorge School of Law in Sacramento, and author of *A History of Child Protection in America*.

The center is working with marketing experts to draw people to the exhibit. "We know people don't want to see things that are distressing," Schneiderman says, "so we want



the exhibit to be engaging and stimulating, not depressing." The exhibit specifically showcases the resiliency of abused children and how one can help.

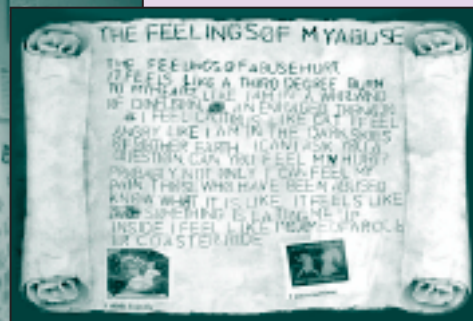
The center collaborated with New York's Museum of Modern Art to create what Schneiderman calls "the highlight of the exhibit." About 70 children who suffered from abuse in the New York area submitted artwork and described what the art meant to them. "I think that's more poignant than the artwork itself," Schneiderman says.

In addition to the exhibit, the Fontana Center—established by New York Foundling in 1999 and named for its long-time medical director—holds public forums that bring in experts to inform parents how to protect their children from potential everyday dangers, such as Internet predators and bullies at school. The Foundling's conference center is also used to train thousands of child welfare professionals a year.

—Stephanie Robichaux, Children's Voice Contributing Editor



PHOTOS COURTESY OF VINCENT J. FONTANA CENTER FOR CHILD PROTECTION



An interactive exhibit at the Vincent J. Fontana Center for Child Protection educates the public about child maltreatment.

Counseling Parents About Permanency Options

One of the most challenging aspects for child welfare workers working with families facing an unplanned pregnancy or struggling with the care of a newborn baby can be setting aside personal convictions and helping clients make choices that are right for them and their families.

Whether a worker's perspective springs from cultural expectations, personal beliefs and values, or simply a habituated family-preservation practice model, it's easy to make and share

assumptions that, ultimately, can have a profound effect on many lives.

In 2003, New York City's Administration for Children's Services and Spence-Chapin Services, a private adoption agency, partnered to establish the Collaboration for Permanency to train child welfare workers to provide Options Counseling. In its simplest form, Options Counseling means asking parents directly: "How do you feel about your pregnancy?" and "How do you feel about parenting this child?" The approach encourages families to explore and express their feelings and thoughts concerning their ability and desire to parent. It also requires workers to discard their assumptions, set aside their personal values, and explore all options with expectant families.

Every woman or couple facing critical decisions in the aftermath of an unplanned pregnancy needs counseling about all available options, including parenting, pregnancy termination, kinship adoption, and voluntary adoption through the private sector. When families do not have the opportunity to consider all of their permanency possibilities, they may be steered toward parenting inadvertently, which may not have been their choice had they been fully informed of all options. The consequences can be devastating to children and their families.

"Often, professionals whose work is geared toward keeping families together do not fully explore options with pregnant women," says Susan Watson, Director of Birth Parent Services at Spence-Chapin. "But leaving out possible options does not empower families and gives workers' assumptions too much authority."

Watson remembers, "The collaboration initially began when Spence-Chapin offered trainings to help clarify the ways voluntary adoption differs from the involuntary adoption most commonly seen in the public sector. Many professionals were unaware that birthfamilies can choose the adoptive family for their baby and that they can have an open adoption and maintain contact with their child. But when we began to describe our agency's practice of voluntary adoption, they were just as interested in learning more about our approach to comprehensive options counseling."

The training curriculum developed through the collaboration, *Permanency Planning for Babies: A Counseling Model for Early Planning*, is founded on the belief that babies require the earliest permanency possible in order to form secure attachments to stable care providers. Foster care placements disrupt vital parent-child bonds, and unnecessary foster care placements can be prevented for those families who would choose an alternative to parenting if they knew they had that option. For families who choose to parent, the training can help make a stable parenting plan, perhaps addressing challenges that might otherwise eventually lead to a foster care placement.


The training also specifically discusses the option of voluntary adoption. According to a study by Edmund Mech at the University of Illinois, 40% of self-identified pregnancy counselors in health, family planning, and social service agencies who were serving adolescents and who participated in the study were not discussing voluntary adoption with their pregnant clients. Of those who did present the adoption option, 40% provided inaccurate or incomplete information.

When identifying options, the worker is trained to ensure that any myths or misunderstandings about an option are

uncovered and clarified so the decision is based on facts. Some of these misunderstandings can include the belief that abortion will prevent mothers from having future pregnancies, that parenting is limited to baby care, that adoption means handing the baby to a stranger and never seeing him or her again, or that kinship adoption means coparenting.

Workers' own biases are left out of the dialogue while families' personal values and beliefs are thoroughly explored. According to one birthmother at Spence-Chapin, "You can't say you've explored all your options without entertaining all your options."

According to Spence-Chapin Executive Director Kathy Legg, "It feels like a natural fit to think of Options Counseling as concurrent planning that begins during pregnancy or shortly after birth."

The Collaboration for Permanency has received support from the Kenworthy-Swift Foundation, the New York Community Trust, the New York State Office of Child and Family Services, and the Pinkerton Foundation. 

Contributed by Heidi Arthur LMSW, Program Manager, Collaboration for Permanency, and Selina Higgins LCSW-R, Director, Family Engagement Programs and Initiatives for New York City's Division of Child Protection. For more information about the collaboration, call Heidi Arthur at 212/360-0239.

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Has your agency or organization developed or adopted an effective, innovative program for children and youth? We'd like to hear about it. E-mail voice@cwla.org, or write us at *Children's Voice*, CWLA, 440 First Street NW, Washington DC 20001-2085.

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National

NEWS ROUNDUP

COLORADO

To ensure the safety of children adopted internationally, Colorado has become the first state to reach an agreement with the federal government to have the feds oversee the licensing of international adoption agencies operating in the state, according to the *Denver Post*.

The agreement means more scrutiny and oversight of Colorado adoption agencies, as well as detailed evaluations of an agency's methods and practices, the *Post* reports. "Parents will definitely see some changes," says Dana Andrews, Licensing Administrator for the state Division of Child Care. "They will feel a heightened ability to complain, since the complaints will be tracked through the [U.S.] State Department."

"Colorado has fairly stringent regulations on international adoptions," Andrews adds. "We felt many of our agencies would already comply since we already monitored them." International adoption agencies seeking Colorado accreditation must pay the state up to \$6,000 in fees.

U.S. families adopt at least 20,000 foreign children annually, according to the State Department. The largest number comes from mainland China—nearly 8,000 from October 2004 to September 2005.

DELAWARE

The state paid \$1.1 million during the 2005–2006 school year to transport 1,600 homeless children to the schools they attended before they became homeless—more than double what the state had budgeted. The service became federally mandated in 2002, and the cost to fund it has crept upward each year, according to *Delaware's News Journal*.

"We want to do this. It's just expensive," says Joanne Miro, Education Associate for school improvement in the state's Department of Education. "It's for the benefit of the child if they stay in the same school as long as possible."

When the 1987 McKinney-Vento Act was reauthorized in 2002 as part of the President's No Child Left Behind Act, the update expanded the definition of who qualifies as homeless. In addition to children living on the street and in shelters, children living with friends or relatives and those living in motels and campsites now also qualify. Parents must also want their children to attend their original school.

The newspaper cites an example in the Woodbridge School District last year, where the average cost for a one-way private van trip—the district was unable to use its regular buses—was \$40, meaning the state paid \$80 a day to take one child to and from school.

Miro told the *News Journal* the school districts sometimes have few options and are forced to pay contractors more than they would like.

ILLINOIS

The Illinois legislature is setting aside \$45 million to pay for 10,000 new preschool slots this year under a new law, Preschool

for All, that lets the state spend its money on preschool for any child, regardless of income reports.

Before the law, only low-income students or children academically "at risk" were eligible, but Governor Rod Blagojevich (D) has set out to change that by making preschool free for anyone in the state who wants to participate. Currently, federal and state funds pay for preschool for 130,000 at-risk Illinois children. Blagojevich wants to reach 190,000 3- and 4-year-olds by 2010, according to the *Chicago Sun-Times*.

The 10,000 added preschool slots in 2006 will be prioritized for students with language barriers and developmental disabilities, and for middle-income families earning less than four times the poverty rate—\$80,000 for a family of four, the newspaper reports.

Preschool for All passed unanimously in the state's House, and with 10 dissenting votes in the state Senate.

"We've put the state on record saying access to universal preschool is a commitment of the state," says the bill's sponsor, state Representative Barbara Flynn Currie (D). "Yes, we have further to go, but we've already come a pretty long way."

MASSACHUSETTS

The federal government has agreed to continue providing Massachusetts \$385 million in annual Medicaid money through a waiver for the next two years, the *Boston Globe* reports—an important step in the state's plans to roll out a new health care plan that seeks to insure nearly all Massachusetts residents over the next several years.

The new health care plan will offer a combination of subsidized and low-cost insurance plans, the expansion of Medicaid coverage, and incentives for small businesses to cover workers. The state's new law, which is making the health care plan possible, gradually shifts a portion of Medicaid money from payments to hospitals that serve the poor to using that money to insure poor residents.

"Massachusetts is now at the forefront of a revolution in the way we think about health care," says Governor Mitt Romney (R). "The reforms we crafted bring coverage to all citizens, without a government takeover of health care, and without the need to raise taxes."

NEW JERSEY

Governor Jon Corzine (D) signed a new law last July creating a cabinet-level Department of Child and Family Services. Corzine says he hopes newly appointed Director Kevin Ryan will make sweeping changes now that child welfare has been removed from the Department of Human Services.

Child welfare advocates have consistently complained about the large caseloads, poor training, outdated computer systems, and complex bureaucracy in New Jersey, and the effect on the functioning of the state's child welfare system. In 1999, Children's Rights Inc. sued the state, insisting the system needed improvements. The state eventually reached a settlement in the case.

Now, Corzine says improving the way the state protects children "may be the most important thing" he does in office.

"No one should expect miracles from moving boxes around on an organizational chart," Richard Wexler, head of the National Coalition for Child Protection Reform, told the *New York Times*. "The key is getting enough resources and giving Kevin Ryan the time to produce results."

Ryan, who worked as the state's child advocate for the past two years, will lead 6,600 workers in the new department, leaving Human Services to retain 16,000 employees and a \$4.6 billion budget to cover Medicaid and welfare, offer drug and alcohol treatment, and provide services to the elderly and mentally ill. Ryan says a 12-month turnaround plan recently published by the state will be his blueprint for change.

WISCONSIN

While serving a four-year prison sentence for drunk driving, Wisconsin resident Jodie Williams lost parental rights of her 6-year-old son. Since her recent release, she has fought to get them back, including enrolling in drug and alcohol treatment, domestic violence counseling, and parenting classes. But her efforts to find housing proved more difficult and resulted in an appellate court ruling that her challenge on parental rights had "no merit."

Williams appealed and won last July when Wisconsin's Supreme Court reinstated her rights as a parent, ruling that conditions of return must be tailored to each individual case and that the nature of the parent's conviction and length of sentence can and should be among the considerations for parental unfitness, but not the only factor, according to the *Milwaukee Journal Sentinel*.

"We conclude that the circuit court improperly deemed Jodie unfit solely by virtue of her status as an incarcerated person without regard for her actual parenting activities or the condition of her child," the court ruled.


According to legal experts, the ruling could fundamentally change how the state's courts handle hundreds of cases involving children of incarcerated parents.

"It is a significant decision," says Henry Plum, an attorney who trains district attorneys throughout Wisconsin on child welfare laws. "What conditions can the court put on an incarcerated parent? That is going to be the question. Some of the conditions are dependent upon which services are available in prison, like parenting classes and individual psychotherapy. Judges and district attorneys have no control over what the prison system offers."

Cindy Lepkowski, an attorney who works in the Milwaukee County Children's Court, told the *Sentinel* the Williams decision will result in fewer petitions to terminate parental rights, possibly leaving children without permanent homes for longer periods of time.

"Counties are going to find this difficult with some parents, and the result is going to be that the state is going to be raising more children," she says. "We are back to where we were years ago."

Williams's son went to live with her parents when she went to prison, but they soon realized they couldn't keep him and handed him over to Kenosha County social services. The boy was placed with a foster family who wanted to adopt him, the *Sentinel* reports.

Last summer, Williams was living with her parents in Kenosha County and supporting herself on less than \$700 a month from disability payments. "The last time I saw my son was in November 2004," she said in the *Sentinel*. "It has been a long time, and I doubt if he will remember me. I love my son, and we belong together. I want him back. There is no question about that." 

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Change Agents

Home visitation programs are expanding nationally to help parents play greater roles during their children's earliest years.

By Jennifer Michael



As soon as Adriana Ramos Bock walks in the door to the tiny but tidy condominium where 3-year-old Jessica Ortega lives, the little girl is right there to greet her with a nonstop stream of Spanish. Dressed in a pink T-shirt, denim skirt, and matching pink flip flops, Jessica points to the clock and tells Ramos Bock she is 10 minutes late. The girl's mother, Guadalupe Sixtos, chuckles.

Sixtos's daughters, Adriana, 7, and Jessica have many reasons to count down the minutes to Ramos Bock's regular visits. They spend long hours inside their Maryland condo, especially in the summer, while their father Javier Sixtos works for a landscaping company. As immigrants from Mexico, their English is limited. Guadalupe cannot speak English at all.

Ramos Bock is a home visitor—or parent educator—for Parents as Teachers (PAT), a Missouri-based home visitation program with thousands of sites across the United States. Ramos Bock's role as a parent educator is to coach parents with children age 5 or younger on how to interact with and promote their children's development so their children are better prepared for school and for life. Originally from Mexico herself, Ramos Bock is bilingual, and most of the parents she visits are among the growing Hispanic community in Columbia, Maryland, a suburb between Baltimore and Washington.

Guadalupe enrolled in PAT—a voluntary, free program for parents—on the recommendation of Adriana's teachers. Adriana has struggled in school, and Sixtos wanted to make sure Jessica got off to a better start. When Ramos Bock first met Jessica, she sucked on a bottle all day and watched television. The toddler couldn't speak because she was rarely spoken to.

Now, a year later, Jessica is a chatterbox in Spanish and is beginning to pick up words and numbers in English. On the day Ramos Bock arrives a few minutes late, she spreads out a plastic mat on Guadalupe's green living room rug, next to a big screen TV and a coffee table covered with framed pictures of the children. Jessica and Adriana gather around her, while their mother sits off to the side and observes as Ramos Bock shows the girls how to string ribbon through holes punched around a paper plate. In the middle of

the plate, the girls glue pictures of their cousin Jacqueline, who used to live with them but recently moved to another state.

"Jessica has gotten very good with her fingers," Ramos Bock says in Spanish to the girl's mother, who nods and smiles proudly. Big sister Adriana is still slowly stringing her ribbon when Jessica finishes hers and is ready for the next activity of matching colorful laminated shapes of circles, stars, and hearts and saying their names in Spanish and English.

Although Ramos Bock is there for Jessica, she gives Sixtos advice about helping Adriana with her schoolwork. From her bag she pulls a game she fashioned out of plastic bags and colorful chips and hands it to Sixtos. Ramos Bock tells her to use it with Adriana to improve her counting skills.

Jessica, at the age 3, is already enthusiastically working on her math skills, pointing with her little fingers to the pictures of cows, horses, and ducks on the cards that Ramos Bock brought, and counting, "one, two, four, five..."

Under the PAT program, Ramos Bock could continue to see Jessica until age 5, but she says she will soon stop her visits. She has an extensive waiting list of other local immigrants who want her assistance with their little ones. Ramos Bock notes that Jessica's development is now on track with other children her age, and she will enroll in preschool in the fall, thanks to Ramos Bock's work in researching available local programs for the girl and helping Sixtos complete the paperwork.

Lessons in the Living Room

Home visitation programs aren't meant to be intrusive. They don't reprimand parents for raising their children incorrectly, or instigate rules and regulations. Rather, a home visitor is a parent confidant and guide, helping moms and dads learn how to play a pivotal role in their children's early development. Today, an

estimated half million children nationwide benefit from such programs during the critical development period from before birth to approximately age 5.

Sitting down in a living room on a weekly or monthly basis, face-to-face with a mother and child, the home visitor can discuss how to get a baby to sleep through the night and begin eating solid foods; she can demonstrate how to interact with a toddler, read books to the child, help him vocalize his first words, and react to his misbehavior.

Home visitors can also be the critical link between parents and community resources that can benefit their children, such as free clinics offering immunizations and health screenings, preschool programs, day care services, and educational and recreational programs at local libraries and parks.

PAT is just one home visitation model. Others include Healthy Families America (HFA), the Nurse Family Partnership (NFP), and the Parent-Child Home Program (PCHP). Each model has a different focus. Whereas PAT is a voluntary program, often coordinated by local school systems and open to any parent who wants the service, HFA specifically targets parents facing multiple challenges, such as parents who are single, low-income, facing substance abuse problems, or victims of abuse or domestic violence. HFA home visitors are often paraprofessionals and work to ensure parents are providing for their children's medical and development needs.

NFP similarly focuses on children's early health and development, but works only with first-time mothers, and all home visitors are registered nurses. PCHP home visitors focus on children's early literacy and school readiness, bringing books and toys along for each visit at a cost of \$2,400 per family, per program year, unlike PAT, HFA, and NFP, which are free to parents.

The last decade and a half has seen widespread growth in home visitation programs as new research has emphasized the importance of children's early development on their physical and mental health later in life. PAT programs were first implemented in all Missouri school districts in the mid-1980s under the urging of then-Governor Christopher Bond (R), who had personally participated in a PAT pilot program as a new parent. PAT programs now operate in 3,200 sites nationally and 8 internationally.

Today as U.S. Senator, Bond remains a strong advocate of PAT and other home visitation programs. Along with Representatives Danny Davis (D-IL), Tom Osborne (R-NE), and Todd Russell Platts (R-PA), Bond has introduced legislation that would for the first time provide dedicated federal funding

for home visitation programs at the state and local levels. The Education Begins at Home Act would provide \$400 million over three years to states to expand home visitation programs, while also reauthorizing Early Head Start. An additional \$100 million over three years would fund home visitation services to families with English language learners and families on military bases.

The number of children birth to age 5 residing in a state would determine a state's funding allocation, which would not exceed more than \$20 million per year. States would use the funding not only for voluntary early childhood home visits, but also for group meetings to educate parents, for training and technical assistance for visitation staff, and to provide health, vision, hearing, and developmental screening to eligible children.

CWLA is among a large group of child advocacy organizations that have formed a home visiting coalition to actively lobby Capitol Hill in support of the legislation.

Home Visitation Model Snapshot: Parents as Teachers

Drivers behind PAT's creation: Former Governor Christopher "Kit" Bond (R), Missouri Department of Elementary and Secondary Education, Danforth Foundation

First site launched: 1981

Type of organization: Nonprofit

National center location: St. Louis

Number of sites: 3,200 nationally, 8 internationally

Children served since inception: Nearly 3 million

Families served: The model is a universal access model: 11% of families speak Spanish as their primary language; 8% have at least one parent who is foreign born; and 63% have at least one family characteristic indicating high need, such as low-income, single-parent household, or low educational attainment.

Ages of children eligible: Birth to age 5

Length of stay in program: Pregnancy through child's entrance into kindergarten

Frequency of home visits: Monthly, at minimum

Cost to family: Free

Services: Personal visits in which parents receive age-appropriate child development and parenting information, parent group meetings for parents to learn from and support each other, screenings to assess children's overall development, linking families to resources in the community.

Participant retention rate: 84% annually

Home visitors employed: Nearly 12,000 nationally

Qualifications for home visitors: Varies depending on program location: 15% have a master's degree or beyond, 48% have a bachelor's degree, 16% have an associate's degree, 20% have less than an associate's degree.

Research model or approach followed: A research-based curriculum developed in collaboration with a team of neuroscientists from Washington University School of Medicine, St. Louis.

Primary or largest program partners: Head Start, Early Head Start, Even Start, Healthy Families America, Bureau of Indian Affairs

Website: www.parentsasteachers.org

PAT President and CEO Sue Stepleton calls the legislation a "pioneer effort."

"The funding is not to supplant any current state efforts," she says, "so it really is intended to bring added resources to all the states."

Home Visitation Model Snapshot: Healthy Families America

Founder: Prevent Child Abuse America in partnership with Ronald McDonald House Charities

First site launched: 1992

Type of organization: National office is nonprofit.

National headquarters: Chicago

Number of sites: 430 nationally and in Canada

Families served since inception: An average 50,000 families

Families served: Families facing multiple challenges, such as single-parent status, low-income, substance abuse problems, victims of abuse or domestic violence

Ages of children eligible: Prenatal to age 5

Length of stay in program: Three to five years

Frequency of home visits: At least once a week, based on family need

Cost: Free

Services: Ensure family has a medical provider, share information on early childhood development, help families identify their babies' needs and locate resources, share ideas on caring for babies and young children, link families with other community resources such as job placement and child care services, and help families follow-up with immunizations.

Participant retention rate: Approximately 66% of families for at least 6 months, 45% for 12 months, and 28% for at least 24 months

Home visitors employed: Approximately 3,000

Qualifications for home visitors: Home visitors often are paraprofessionals; 24% have only a high school diploma or GED, 39% have some college, 34% are college graduates, and 3% have graduate degrees.

Research model or approach followed: Built on a set of 12 research-based critical elements that provide a benchmark on which quality is measured.

Primary or largest program partners: Parents as Teachers, Home Instruction for Parents and Preschool Youngsters, Parent-Child Home Program, Council on Accreditation, Commission on Accreditation of Rehabilitation Facilities

Website: www.healthyfamiliesamerica.org

But home visitation programs vary in quality, says Deborah Daro, a research fellow at the University of Chicago's Chapin Hall Center for Children. The ones that work are internally consistent, making repeated visits over many years. To do a good job, home visitation programs need to give home visitors low caseloads, link with other community services, and be clear about who they are giving services to. Ultimately, Daro says, "They need to go forward with a keen eye toward quality."

The Spring/Summer 1999 issue of *The Future of Children*, a publication of The Woodrow Wilson School of Public and International Affairs at Princeton University and The Brookings Institution, laid out a particularly critical analysis of six home visiting models.

The publication's executive summary noted, "Several home visiting models produced some benefits



PHOTOS BY JENNIFER MICHAEL

Regular visits from Parent Educator Adriana Ramos Bock has helped 3 year old Jessica Ortega's verbal development.



in parenting or in the prevention of child abuse and neglect on at least some measures," but also pointed out, "no model produced large or consistent benefits in child develop-

ment or in the rates of health-related behaviors such as acquiring immunizations or well-baby check-ups." The article went on to say, "Most programs struggled both to implement services as intended by their program models, and to engage families."

Many home visitation programs have acknowledged they need to work on how best to serve families. HFA was one program the publication noted did not "demonstrate significant improvements in children's development or maternal social support." Today, HFA operates under "a culture of continuous quality improvement," Schreiber says. Specifically, HFA has developed a research-practice network to continuously explore issues of program implementation.

"The research has confirmed an issue for us that our program staff have really known for years—that our programs are challenged in serving the highest risk families who deal with such issues as domestic violence, substance abuse, and mental health concerns," Schreiber said during a web conference sponsored by Chapin Hall last year on the subject of home visitation programs. "We have listened to these findings and are assessing what innovations programs have done to grapple with these issues. We know the enhancements to the programs really run the gamut, from improved training [to] adding clinical staff and improving referrals for other critical services for families. We are really trying to learn where it is working well and disseminating that information to the field."

HFA Director Lisa Schreiber says the legislation establishes a solid plan for program implementation. "It defines quality for the field. It sets up expectations for training and service delivery, and it encourages state planning. But most importantly, it provides an unprecedented opportunity to get home visitation the visibility and funding it deserves."

Continuous Quality Improvement

As home visitation programs have expanded, researchers have taken advantage of emerging data to study how the models can be improved. In general, home visitation programs are found to be particularly effective with hard-to-reach populations, such as single parents and low-income families.

In addition, Schreiber said HFA has recently launched an effort to look closely at the positive outcomes generated by the model and to determine the key practices that led to the outcomes.

HFA is not alone in its continuous self-improvement process. NFP, developed by David Olds, University of Colorado Health Sciences Center, conducted randomized, controlled trials with first-time, low-income mothers participating in the program in New York in 1977, in Tennessee in 1987, and in Colorado in 1994. Study of long-term outcomes for the mothers and their children in all three trials continues today.

Keeping parents enrolled and engaged in home visitation programs is another challenging issue for the visitation models. HFA, for example, retains approximately 66% of the families enrolled in its program after six months, but this number drops to 28% after two years. For NFP, 82% of first-time mothers stick with the program through the delivery of their children, and 51% remain a year and a half later.

An issue brief published by Chapin Hall in September 2005 highlighted a number of strategies for keeping home visits going, including, “more nuanced messages about the benefits of engagement, sustained efforts to address the broad range of needs new parents often express when initially enrolling, more careful assessment of the community context in which services are delivered, attention to the skills needed to build strong relationships between workers and families, and an honest assessment of how racial and cultural factors shape these relationships.”

In a letter to the editor published in the journal *Child Abuse and Neglect*, Daro likens the continuous improvement process for home visitation programs to the continual work necessary to advance public school systems:

In this country we implement public schools based on the value that an educated population is better for a society's successful development than an uneducated one. Every year we send millions of children to schools that are less than perfect, that fail to provide the basic literacy and math skills needed for every day living. However, our response to this failure is to seek ways to improve the system, not stop educating children until we get the data right.

A Complex Job

As home visitation programs continue to grow and expand, they also need to ensure their visitors are supported and qualified for the job, says Martha Staker, a faculty member at the University of Kansas Medical Center, where she directs Project EAGLE, a program offering child development and family support services to area residents.

Staker describes home visiting as a complex job, requiring visitors to be “change agents” in an environment of physical, social, and mental challenges.

In working with her group of low-income parents with

limited English language skills, PAT's Ramos Bock admits she must often overcome obstacles before working directly with parents on their children's development.

Ramos Bock has found herself making calls to doctors and trips to pharmacies to help Spanish-speaking parents with pressing medical issues, or to help them get a broken refrigerator or a gas-leaking stove fixed. Providing advice on proper diet is also common. One mother of a 4-year-old, Ramos Bock recalls, wondered why her daughter was suffering from obesity and constipation. When Ramos Bock discovered the woman was feeding her daughter a diet primarily of rice pudding and sugary yogurt, she introduced the mother to different kinds of vegetables to improve the little girl's health. She also saw that the girl visited a doctor for the first time to receive medical care for a lazy eye and poor dental health.

Many of the parents Ramos Bock visits live in older apartment complexes, sometimes two and three families to a one- or two-bedroom apartment. Sometimes, she will make a scheduled visit to a mother and child, only to find a living room full of the mother's relatives and friends and their children who also want Ramos Bock's help. “I call those my Tupperware parties,” Ramos Bock says with a laugh.

Home Visitation Model Snapshot: Parent-Child Home Program

Founder: Phyllis Levenstein

First site launched: 1965

Type of organization: Nonprofit

National center location: Port Washington, New York

Number of sites: 150 nationally, 10 internationally

Families served since inception: Estimated 50,000

Families served: Low-income, limited education, immigrant families with limited English

Ages of children eligible: 16 months–4 years

Length of stay in program: Two years

Frequency of home visits: 30-minute visits, twice a week

Cost to family: \$2,400 per family per program year

Services: School readiness and early literacy: The home visitor brings books or educational toys as gifts to the family and uses them to model verbal interaction and reading and play activities, demonstrating how to use the books and toys to cultivate language and emergent literacy skills and promote school readiness.

Participant retention rate: 85%

Home visitors employed: 550 nationally

Qualifications for home visitors: Community-based paraprofessionals


Research model or approach followed: PCHP uses a nondirective approach by modeling behaviors for parents that enhance children's development rather than teaching behaviors. Home visitors help parents realize their roles as their children's first and most important teachers, generating enthusiasm for learning and verbal interaction engaging books and stimulating toys given to participating families.

Primary or largest program partners: Statewide in Massachusetts, Pennsylvania, and South Carolina. Partners include Head Start, Early Head Start, Even Start, Title I programs, Parents as Teachers, Nurse-Family Partnership, and California's First Five program.

Website: www.parent-child.org

"I do get overwhelmed, but it's my fault," Ramos Bock says, noting she has elected to work with 25 families at one time, which often requires working more than 40 hours a week. "I believe everybody [including immigrants] should have the same opportunities. The only reason [they] come here is because they want the best for their children."

Amid the challenges, Ramos Bock says her work is satisfying. While researchers often debate the consistent and quantifiable results of home visiting, she sees signs of success every day. Some signs may be small to an outsider, such as a mother taking her children to the library for the first time or enrolling them in a Head Start program, but Ramos Bock sees these kinds of activities as "huge" steps for her immigrant mothers, most of whom only have a sixth grade education.

"One of the things I really emphasize to the families is that they have to be advocates for their children." 

Jennifer Michael is Managing Editor of *Children's Voice*.

Home Visitation Model Snapshot: Nurse Family Partnership

Founder: David Olds

First site launched: 1996

Type of organization: Nonprofit

National headquarters: Denver

Number of sites: Implementation in 21 states

Families served since program's inception: 62,000

Families served: Low-income, first-time parents

Ages of children eligible: Early pregnancy through first-born child's second birthday

Length of stay in program: 2.4 years

Frequency of home visits: 64 visits over 2.4 years

Cost to family: Free

Services: Nurse home visitors follow visit-by-visit guidelines focusing on personal and environmental health, quality of caregiving, maternal life-course development, family and friend support, and health and human service use. Nurses help parents develop behaviors to enable healthier pregnancies, emotionally and physically healthier children, and greater economic sufficiency.

Participant retention rate: 82% through delivery of the child, 51% after 17 months, 25% after 27 months

Home visitors/nurses employed: More than 760

Qualifications for home visitors: Registered nurses

Research model or approach followed: Randomized, controlled trials were conducted with three populations in New York (1977), Tennessee (1987), and Colorado (1994). All three trials targeted first-time, low-income mothers. Study of the long-term outcomes for the mothers and children in all three trials continues.

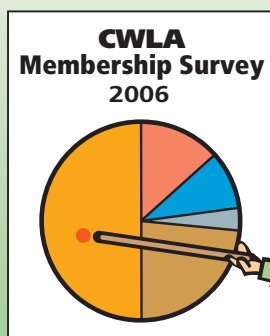
Primary or largest program partners: A range of public and nonprofit entities, including state and county departments of public health, community-based health centers, nursing service organizations, and hospitals.

Website: www.nursefamilypartnership.org

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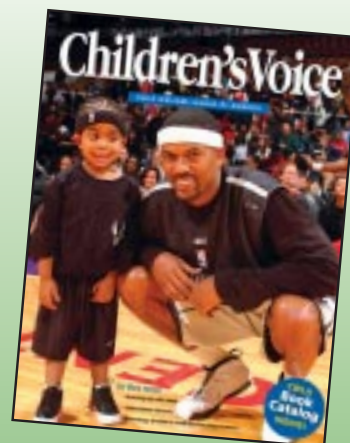
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Children's Dental Health: Something for Caregivers to Chew On

What is childhood without the ability to smile? Those of us in good oral health may take for granted the ability to eat comfortably, sleep through the night without pain, or simply smile for a picture. But many children across the country and around the globe are not so fortunate.

Dental caries, or tooth decay, is the most prevalent, chronic childhood disease in the United States, and is four times more common than asthma (42% versus 9.5% among children ages 5 to 17), according to the Centers for Disease Control and Prevention. Unfortunately, ignorance about the preventable disease is just as widespread.

Most people are unaware that dental caries is not just about cavities, says Burton L. Edelstein, professor of health policy and dentistry at Columbia University, and Founding Director of the Children's Dental Health Project. The disease starts early, causing victims to be at high risk for cavities and chronic tooth decay throughout their lives. Left untreated, dental caries can lead to severe pain, infection, tooth loss, and endentulism—total tooth loss.

"We have to train dentists to know about this," Edelstein says. "Your average dentist on the corner who was educated 10 years ago is probably unaware of a lot of this."

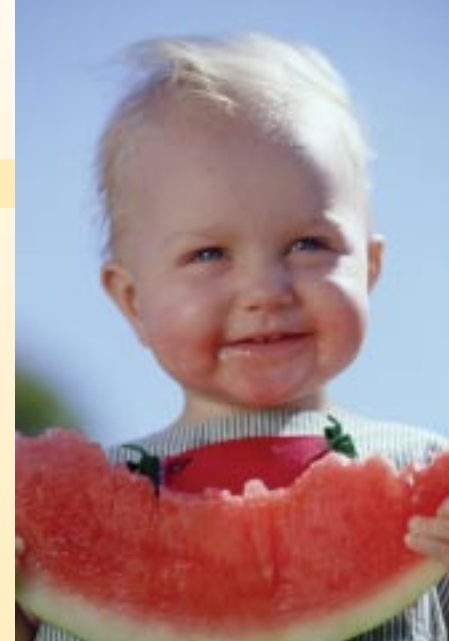
Dental caries is often established by age 2—as soon as a baby's first teeth appear, the child is at risk. Inherited traits, such as tooth enamel strength, or bad habits, such as a predisposition for sweet foods, may help establish the disease. Caries is also infectious, typically transmitted from mothers to their infants. Transmission may occur in a number of appropriate and natural ways, including a mother tasting baby food and then using the same utensil to feed the child, or a child sticking his fist into his mother's mouth and then into his own.

"We don't want most mothers to not do those normal things, but if a mother has had troubles with her teeth, and she has an older kid who has already had early tooth decay, we'd love to limit that transmission," Edelstein says.

Dental caries is most common among low-income and minority children, particularly Hispanic children.

"You tend to have higher concentrations of Latino kids in low-income populations," Edelstein hypothesizes, "and with income [comes] all kinds of social determinants of health and questions of competing needs and access to low-cost foodstuff that tends to be richer in sugars. It could be cultural; it could be related to feeding practices."

In Dominican populations, Edelstein points out, it's common to continue using the bottle for an extended period of time, and for putting lacerated food in the bottle, instead of more traditional liquids. In some countries, including Latin American countries, pacifiers containing reservoirs for honey, molasses, or other sugars are sold in stores.



Questions for Policymakers in Your State

The Deficit Reduction Act of 2005 provides states with new opportunities to change the way they deliver dental care to low-income children covered by Medicaid. Child advocates should stay vocal about the need for dental coverage for these children.

Questions to ask policymakers to keep abreast of possible changes in your state include:

- Are changes to Medicaid being discussed?
- What changes are being considered?
- Will comprehensive dental care for children be maintained?
- Are cost estimates for these changes available?
- Will proposals be available for public comment?
- How will families or beneficiaries be informed of Medicaid program changes?
- Can I provide any information or assistance?

Source: Children's Dental Health Project

Dental caries is preventable at a fairly low cost and yields exponential improvement in oral health if treated early. "The intensity of a person's disease tends to be fixed over life, and the disease itself is cumulative, so if you start with cavities early, you're prime to have more," Edelstein says.

Many prevention outlets are available, including keeping dentists current with information and lowering the standard checkup age—ages 3–5—to 1 or 2. But as Edelstein acutely observes, "The best source of all is in the population itself. Once enough dentists are providing infant oral health care, and enough pediatricians are talking about early childhood oral health care, then parent-to-parent networking is probably the most effective [form of prevention]."

February is National Children's Dental Health Month. Visit the American Dental Association's website, www.ada.org, to download free promotional materials. Also visit the Children's Dental Health Project, www.cdhp.org, for more health information.

—Ann Blake, Children's Voice Contributing Editor

Exceptional Children

NAVIGATING SPECIAL EDUCATION & LEARNING DISABILITIES

The View from the Other Side of the Desk

What special education teachers want you to know.

By Ellen Notbohm

As transitions go, my son's transition to middle school had been smoother than any parent with an IEP [individualized education plan] in hand could hope for. It had been a very good year with very good teachers. But as the year wound down with alarming speed, the scheduling of the annual IEP meeting just wasn't happening. Repeated requests—at increasing decibel levels—to resource teachers went unresolved amid scheduling problems, administrative issues, illnesses, and other roadblocks.

When we finally did meet, five days before the end of the school year, I told the excellent resource teacher only half-jokingly, "You're almost there. Only five more days, and then you're done with me."

And this excellent teacher stopped in his tracks and looked at me with surprise. "Oh no," he said. "No. I've had some challenging parents this year, and you're not one of them."

At that, it was my turn to stop in my tracks. What, I wanted very much to know, constitutes a "challenging" parent? It was too intriguing a thought to leave on the table, so a few months later we came back to it. His very thoughtful portrait of a challenging parent led me to ask other special educators, teachers of students from toddlers to high schoolers, from several different school districts, the same question. And although each came from his or her own unique situation, the common threads in their thoughts were striking. A number of these common threads formed the basis for my book *Ten Things Your Student with Autism Wishes You Knew*.

Here then is the view from the other side of the desk, the voice of your special education teacher:

Be team oriented. A combative attitude does not enhance our ability to make progress with your child. Our relationship

should be an alliance, not an adversarial face off. We are all because of the child; he or she is our common interest, and it's important not to lose sight of that. It isn't about you or me, or whether we like each other.

Give me the courtesy of a clean slate. You may have had bad experiences with previous teachers or schools, but putting past conflicts or issues onto me, coming in with guns blazing before you even have a chance to get to know me or my program, is counterproductive. "This is what has happened in the past, and I expect the same from you" is looking for trouble where possibly none exists.

There's a difference between being assertive and being aggressive. And there is a cost. Teachers appreciate parents who are knowledgeable, effective advocates for their children.



Knowing what your rights are, and knowing the facts on the ground, requesting services and accommodations firmly but respectfully is light years removed from being a fist-pounder.

"We are not here for the money or the recognition," says an elementary school resource teacher. "We are here because we love these kids. In an ideal world, I want to share with the parent any inside perspective I have about the system and how it affects decisions about their child. But if I sense in any way that the parent will use the information in a way that comes back on me or threatens my job, it's only natural that I will not share."

Undermining me undermines your child's learning.

Communicating to your child that everything that's going wrong is the school's fault undermines your child's ability to

trust me, to comply with necessary classroom boundaries, and ultimately, to learn.

All children, even special-needs children, need to assume some level of responsibility for their behavior and its consequences. We are sometimes faced with parents who say, "I cannot believe my child would do such a thing. It must be somebody else's fault. If you had been doing this, he wouldn't have been doing that." Sometimes that's the case. When a parent insists this is always the case, however, I need to gently suggest that we all take a closer look at what is actually going on.

Step back and listen as open-mindedly as possible when faced with information that makes your blood pressure rise. It's very common for children to exhibit a different set of behaviors at school than they do at home.

Having to be both teacher and case manager can put me in a very difficult position. Especially in early childhood education, it often falls on the teacher/case manager to identify the fact that my particular classroom or program isn't the best fit for your child.

"Please know," says an early-intervention teacher, "that when I tell you we need to transition your child to a different setting, it isn't because I don't like her. Hear me as objectively as possible when I tell you she is struggling...in the current placement and would benefit from a different setting, that we need to modify the IFSP [individualized family service plan] or IEP and find a better environment."

Don't assume I know everything about your child. I may only have the prior year's academic information, and perhaps no personal information at all. Tell me anything you think is important for me to know about your "whole child." Be a resource for us, a bridge between programs. Share with us what has worked and not worked with your child in the past.

We cannot do everything for your child. Your child is entitled by law to a free and appropriate education in the least restrictive setting. That is not equivalent to the best possible education. "You get the Chevy; you don't get the Cadillac," as one teacher puts it. "You get safe, reliable transportation, but you don't get the CD player and the leather seats." It's a distinction many parents don't understand—special education is intended to provide for adequate growth, not maximum possible growth.

Federal law mandates we ensure kids who have a disability are making adequate progress, as defined and measured yearly in their IEPs. The idea is that without accommodation, they wouldn't make adequate progress in general education, and therefore would not be getting a free and appropriate public education.

A middle school teacher describes it this way: "Let's say you have a fifth grader who is reading at a second-grade level... So we set a goal, in a calendar year, for the child to make a year's growth, which is what his peers would make. But he's still behind, he isn't catching up. In order for him to catch up, he would have to outpace his peers. Some kids do that, but it's very difficult and not realistic."

"We have many commitments to multiple content areas. If we were to spend half the day on reading alone, sure, we could catch the kid up. But that's not appropriate, because we give up everything else. And so we always have that discussion every

year in an IEP meeting. We have a certain amount of time. How do we set goals? How much time do we need to meet each goal? How much are we going to be able to accomplish, given math, science, social studies, all of these other [required] content areas?"

Your child is not my only student. When I am meeting with you, when we are in a discussion and problem-solving mode, in that moment, your student is the only one I am concerned about. But back in my classroom, I have anywhere from a few to a few dozen other students in my caseload, and I have the scheduling restrictions that naturally come with that caseload. It simply isn't possible for the needs of one child to dictate my entire day. Asking that of me is painful for both of us.

Early intervention works. Here's an extension of a universal truth: The earlier the better—and the better the earlier the better. Catch things early, intervene well—and including your family, not just the school. No one was ever sorry they intervened early, but legions of families regret "waiting to see if he outgrows it."

See the positive in your child. Have an honest understanding of what the range of your child's disability means, but also recognize her strengths. Too often, the most difficult parents to work with are the ones who cannot see the positive qualities of their children. Their focus is stuck on what the child can't do. Perhaps they do not want to have a child with a disability. Perhaps they are stuck in the grieving process. But for the teacher, it's very hard to deal with.

Promote independence. Help your child learn to do things for himself, rather than doing it for him. Many teachers are parents themselves and understand the time stress families are under. But whether it's homework or personal organization, expedience in the moment will impede his learning to be independent in the long run. If you pack and unpack his backpack for him every day, how will he learn the importance of being organized, knowing where things are when they are needed, and how to find items or information? The parents who are most effective are the ones who teach as well as parent. The two are synonymous. ✨

Ellen Notbohm is author of Ten Things Every Child with Autism Wishes You Knew, a ForeWord 2005 Book of the Year Honorable Mention winner, and Ten Things Your Student With Autism Wishes You Knew (on which this article is based), a 2006 Parenting Media Award winner. She is also coauthor of the award-winning 1001 Great Ideas for Teaching and Raising Children with Autism Spectrum Disorders. © 2006 Ellen Notbohm. For article reprint permission, to learn more, or to contact Ellen Notbohm, visit www.ellennotbohm.com.



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Other Voices

WILLIAM C. BELL

Beyond Optimism: Success in Our Lifetime

If asked, most of us in the human services field would likely suggest we are optimists. It's hard to imagine any of us dedicating our professional careers to improving child and family outcomes if we thought the situation was hopeless.

But I ask everyone who reads this to look deep inside and ask yourself if you really believe lasting systemic change is possible. Do you face each day with a deep abiding certainty we will succeed in our own lifetimes? Do you have a firm picture of what success looks like?

We don't have to look too far to see what success isn't. I think we would all agree the current state of affairs for vulnerable children in America is not an acceptable vision of success. Based on current trends, if nothing changes by the year 2020, more than 14 million more of America's children will be confirmed as victims of abuse or neglect. Nine million more will experience foster care, and approximately 300,000 youth will age out of foster care.

If nothing changes between now and the year 2020, approximately 22,500 children will die from abuse and neglect, most of them before they reach their 5th birthdays. These deaths will occur right here in America, the greatest nation in the world, unless we do something to prevent them.

What can we do? What should we do? What must we do?

We can start by acknowledging and learning from what has already been done to improve the lives of children in this country. We can continue to acknowledge the daily and yearly contributions of committed individuals nationwide. We must refrain from believing the often-told story that the entire child welfare system is broken and needs to be rebuilt or reformed from the ground up.

Casey Family Programs has made a commitment to significantly improve the outcomes and opportunities for vulnerable children in America by 2020. The success of our 2020 Strategy for stronger children, families, and communities depends on the engagement of families, communities, not-for-profit and state agencies, policymakers, corporate America, and others who share our discontent with the status quo.

Our commitment to this effort is not simply an exercise in optimism. It's a commitment deeply rooted in our 40-year history, where we have witnessed the successes of others and demonstrated successes of our own. We have all witnessed significant improvements in the three largest child welfare jurisdictions in America—Los Angeles County, New York City, and the state of Illinois.

But these three do not stand alone. Similar success can be found in Allegany County, Pennsylvania; the state of Michigan; and many other jurisdictions across the country. We must learn from these successes and commit our resources and

energies to ensuring that every vulnerable child in America has the same opportunities and successes.


Our 2020 Strategy targets four major goals:

- Reduce the foster care population by 50% and convince state and federal lawmakers to reinvest the savings in building a stronger human services system.
- Ensure children in foster care have at least the same high school and college graduation rates as their peers in the general population.
- Ensure young adults aging out of the foster care system have at least the same employment opportunities and rates of employment as their peers in the general population.
- Ensure young adults aging out of foster care are not impaired in their daily functioning by mental health issues related to family trauma or their stay in foster care.

Is this too much for a vulnerable child to ask from a nation that has been able to send people into outer space for more than 40 years? Is this too much for a vulnerable child to ask from a nation that freely gives of its resources and talents to fight AIDS, hunger, and human rights violations around the world every day?

Some who will read this will immediately think this is either impossible or unnecessary. Others will say, "I'm all in." If you are "all in," then I say as Margaret Meade once said, "Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has."

Casey Family Programs will invest all of its time, energy, talent, and resources in this 2020 Strategy for stronger, children, families, and communities in America. Optimism alone won't guarantee success. Success will only be realized through cooperation, intelligence, hard work, and a steadfast focus on solutions for vulnerable children and families.

There is no more time for pessimism, egos, or isolation. Our children's lives and their futures are at stake. Is this too much for a vulnerable child in America to ask? 

William C. Bell is President and CEO of Casey Family Programs, the largest national operating foundation dedicated solely to improving the lives of youth in foster care.



"Other Voices" provides leaders and experts from national organizations that share CWLA's commitment to the well-being of children, youth, and families a forum to share their views and ideas on crosscutting issues.

Fighting Meth, Healing

Nationwide, methamphetamine, or “meth,” is devastating children, families, and the child welfare agencies that serve them. Adding to the crisis is the widespread misconception that meth addiction is untreatable. This myth not only hurts children and families, but makes it even more difficult for child welfare agencies to secure the government resources and community supports necessary to address it.

In collaboration with law enforcement, business, and the media, however, child welfare agencies are learning more than ever about new partnerships, tools, and programs that are working to protect families against meth.

1 Media Campaigns

In recent years, several states have developed effective public education campaigns to warn against the risks of meth use. These campaigns are built on the premise that, in a media-saturated world, one message is not enough when it comes to preventing substance abuse.

When software billionaire Timothy Siebel learned about the devastating effects of meth on Montana’s communities, he put his money to work to create a comprehensive advertising and community action project to reduce meth use in the state. In 2005, the Montana Meth Project began targeting 12- to 17-year-olds, with graphic, disturbing TV commercials, radio ads, billboards, and posters to warn against meth use.

The campaign worked. A March 2006 survey of more than 1,460 respondents found shifts in attitudes about the perceived “benefits” and risks of meth by as much as 30% over a period of only eight months, including a significant increase in communication between parents and teens.

2 Expanding Permanency Options

With adequate supports, good substance abuse treatment services, and strong collaboration between multiple systems, parents can successfully kick meth habits and keep their families together.

But even the best possible interventions do not work for everyone. To help those children who cannot return home to live safely with their parents, child welfare agencies and the courts are redoubling efforts to ensure permanency through adoption and guardianship. In particular, subsidized guardianship is an increasingly valuable popular permanency tool when adoption or reunification with parents is not viable. This option is, especially popular for children who are being cared for by grandparents and other relatives.

Subsidized guardianship programs, now available in at least 375 states and the District of Columbia, provide ongoing financial support to allow children to leave the foster care system to live with a permanent family that has agreed to provide them a safe, loving home. Subsidized guardianship is a particularly important permanency option for many older youth who do not want to be adopted. Subsidized guardianship is also a useful option for grandfamilies—grandparents and other relative caregivers—who do not want to disrupt family relationships by terminating parental rights, and for Native American and other populations for whom termination of parental rights is contrary to cultural norms.

An estimated 20,000 children in the foster care could leave the system if a permanency option like federally supported guardianship were available. If subsidized guardianship were widely available in all states, many of these children would be able to exit foster care to the permanent care of loving relatives and other foster families.

3 Interagency Collaborations

Because meth affects children in many different ways, partnerships are critical to ensure that all involved agencies—from child welfare to law enforcement—are addressing individual needs effectively.

One particularly effective model gaining influence nationwide is Drug Endangered Children (DEC) partnerships. DEC partnerships are designed to coordinate the activities and responsibilities of all agencies that may be involved as first responders at a drug scene or in a meth-related crisis intervention, including law enforcement personnel, child protection workers, emergency room personnel, prosecutors, and fire and hazmat crews.

To support the more than 25 states and regions that have established DEC teams, a National DEC Training Program has

g Families 7 Seven Promising Solutions

By Mary Bissell and Jennifer Miller

educated more than 5,500 professionals from multiple disciplines in 20 different states. Building on the success of these collaborations, the National Alliance for Drug Endangered Children has also been established to provide technical assistance and support for the state networks of professionals involved in substance abuse issues.

As part of the reauthorization of the Patriot Act, Congress recently authorized \$20 million dollars in grants to the states to expand and establish new programs to provide comprehensive, coordinated services to drug-endangered children living in homes where meth and other controlled substances are made and used.

In addition to law enforcement partnerships, more child welfare agencies are also turning to broader collaboration with the substance abuse treatment community and drug courts. The National Center for Substance Abuse and Child Welfare (NCSACW), funded by the U.S. Substance Abuse and Mental Health Services Administration, was created specifically to help foster greater collaboration among these agencies.

NCSACW's technical assistance resources and online trainings provide agencies the basic structure for successful collaborations, including a framework for shared values and principles, interagency protocols for working together, substance abuse expertise for child welfare agencies and family courts, information on developing strong and early assessment processes, and other resources.

4 New Supports for Grandfamilies

Grandfamilies have become lifelines for millions of children who cannot live with their parents due to meth and other substance abuse. As the child welfare system's reliance on grandfamilies continues to grow, a number of new programs and resources have become available to address the unique issues they face.

To help grandfamilies break the cycle of substance abuse in their lives, the Children of Alcoholics Foundation has created a comprehensive guide and series of fact sheets, *Ties That Bind*, to help support relative caregivers dealing with parental substance abuse issues. The curriculum helps grandfamilies learn strategies for accessing child welfare services, ways to deal with changing family relationships, and managing children who have been affected by meth and other drugs.

Other programs are exploring new ways to help grandfamilies and other foster parents better address the developmental needs of children who have been affected by meth—especially young children who can benefit most from special early intervention programs.

The Therapeutic Preschool Model, developed by a coalition of national child development professionals for the Green County Behavioral Health Services in Muskogee, Oklahoma, provides one-on-one support for young children who have been exposed to parental meth use. In addition to a range of developmental services, teachers also work directly with grandparent caregivers and foster

Recovery Coaches

Since 2000, the Illinois Department of Children and Family Services (DCFS) has operated a successful federal waiver demonstration project to provide enhanced alcohol and other drug abuse services to child welfare-involved families. The demonstration allows DCFS to waive current restrictions to use federal foster care funds more flexibly to address the needs of this population.

The waiver builds on an existing partnership with the state's Department of Alcohol and Substance Abuse that has resulted in expedited assessment and priority treatment admission for child welfare families. The courts also played a key role in this collaboration through the Juvenile Court Assessment Project, which provides onsite substance abuse assessment services at the juvenile court.

A cornerstone of the project is "recovery coaches," who help parents obtain treatment services and negotiate departmental and judicial requirements associated with recovery and permanency planning. Coaches work in collaboration with the child welfare worker, treatment providers, and extended family members to bridge service gaps. Specialized outreach and intensive case management are provided at all stages of the treatment, reunification, and recovery processes.

Based on a comprehensive evaluation, the first five years of the demonstration project have shown that children whose parents participate in this model are more likely to return home—and return home more quickly—than are children whose parents did not have access to these services. In addition, families in the program were less likely to have subsequent child abuse and neglect reports or to have additional children born exposed to drugs.

Extra Support for Grandfamilies

Janet Parker was looking forward to retiring with her husband when she started noticing things weren't quite right with her niece. She looked tired and would disappear for long periods of time. When her niece became pregnant, the family became even more concerned. When the baby, Brian, was born, his mother disappeared for two weeks and eventually ended up in jail for possession of meth.

Janet and her husband decided they had no choice but to take the baby in. "I had this little guy just laying in my lap, and it turned my world upside down," she explains. "I was footloose and fancy-free, and then all of a sudden I had this new baby."

After her niece disappeared, Janet and her husband talked about getting child protective services involved so Brian's mother wouldn't come and take the baby. But they were afraid. "I think I feel what a lot of relatives do," Janet says. "My primary concern was that if I got the child welfare system involved, they might take him away from us, and we didn't want to risk it."

Instead, they decided to go to court and get full custody of Brian, but not before they got help from the Kinship Adoption Resource and Education (KARE) Family Center, a private support organization for grandfamilies in Tucson, Arizona, where Janet had worked as a volunteer. Through the KARE Center, Janet was able to access a range of services, from support groups and one-on-one counseling to a guardianship clinic that helped her navigate the court process.

"This was an emotional experience for me," she remembers. "Knowing there were others who had been through what I had been through really helped." In response to Janet's and other caregivers' experiences, the KARE Center is now offering a series of lectures on "Meth in Tucson" which introduces families to local law enforcement officials, clinicians, and other service providers with expertise in combating meth. "When I volunteer to answer questions from other relative caregivers, I'd say at least 60% of the calls I get are meth-related," Janet says. "It's a huge problem."

parents who are caring for children who have been removed from their homes.

The needs of grandfamilies are also being incorporated into foster and adoptive trainings. As a former police officer and the current coordinator of the Cerro Gordo County Community Drug Court, Mike McGuire of Mason City, Iowa, has been watching the devastating effects of meth on communities across his state. Based on his extensive experience with children and families affected by meth, Mike now offers a series of peer trainings for foster and adoptive parents and grandfamilies who are raising children in the child welfare system. The trainings include general drug awareness, as well as classes on promoting positive relationships with birthfamilies and system professionals to increase positive outcomes for children.

"Relative caregivers caring for children in foster care have many of the same issues as other foster and adoptive parents," McGuire says, "but one subject that tends to be ignored is the impact of meth on the entire family system. Wherever meth is present, we've just seen an explosion of relatives raising children."

5 Enhancing Treatment Options

Comprehensive, readily accessible treatment programs are communities' best hope have for breaking the cycle of alcohol and drug dependence and helping families stay together. One of the most promising treatment models is comprehensive family treatment, which provides services for both parents and their children.

A 2003 evaluation of 24 residential family-based treatment programs showed successful outcomes for mothers and their children, including 60% of mothers who remained clean and sober six months after discharge. The study also showed that 44% of children returned to their mothers from foster care.

In addition to the benefits to women and children, comprehensive family treatment programs also are a cost-saving alternative to foster care. In New York State, for example, effective family treatment costs \$25,000 per family, compared with the \$30,000 average cost to support one child in the foster care system and the \$30,000 cost of incarcerating a mother in a state or federal prison.

Most important, comprehensive substance abuse treatment increases parents' willingness to begin treatment in the first place. "In the family treatment program, I knew my wife and children were safe and healing," says Darren Noble, an Ohio father in recovery from a meth addiction. "That really eased my mind so I could focus on my treatment."

6 Family Drug Courts

The nation's dependency courts are also responsible for ensuring children are safe and families can access the child welfare services they need. As many of these courts are finding, treatment works, but only if those who need it have the right support and motivation to try it in the first place.

Family drug courts have been widely lauded as a key ingredient to motivating families to enter and stay in treatment. These special courts handle substance-abusing offenders through comprehensive supervision, frequent drug testing, and

Annie's Story: Treatment Keeps Families Together

Annie Zander had been using for more than 12 years when her son, Jory, tested positive at birth for meth and marijuana. The Oregon Department of Human Services took custody of Jory and placed him in foster care while Annie attended substance abuse treatment and parenting classes. She got him back when he was about 5 months old, continued out-patient treatment, and graduated from treatment four months later.

But Annie hadn't kicked her addiction. "I hadn't been clean any of that time," she says. "I was just going through the motions and acting like I was clean."

Annie was soon arrested for possession. She went to jail, and Jory went to foster care. Sentenced to 18 months, Annie was told she didn't have to serve her sentence if she completed two months of in-patient and one year of out-patient treatment. When she had been clean for six months, she was accepted into a transitional housing program for women and children. She received shelter, parenting supports, and case management to help her form a more healthy relationship with Jory.

Annie has been clean and sober for five years. She now works with a parenting program in Portland, where she mentors other women who are trying to keep their children, but she's particularly worried about the scarcity of similar programs for others. "We've done a good job at taking Sudafed off the shelves, but we need to do better at dealing with the sheer numbers of people who need treatment."

The American University's Drug Court Clearinghouse reports that more than 400,000 offenders have participated in drug court programs like the one in Sacramento since they were created in 1989. A 1997 Government Accountability Office report estimated 71% of offenders participating in drug treatment courts had either successfully completed or remained actively involved in their programs. A 2001 Columbia University study found that drug courts continue to provide "the most comprehensive and effective control of the drug-using offender's criminality and drug usage while under the court's supervision."

7 Targeting Community Supports in Indian Country

Children, families, and tribes in the Native American community have been hit particularly hard by the meth crisis. Nationally, American Indians and Alaska Natives use meth at two to three times the rate of whites, with the highest rate of use among people ages 15–44.

The devastating effects of meth on the American Indian community is compounded by the fact that native children are already disproportionately represented in the child welfare system. In fact, Indian children are placed in foster care at two to three times of other children nationally. In some states, Native American children represent as much as 50%–60% of the children in state care.

To ensure infants and young children and their relative caregivers receive the full range of early intervention services, the Tribal Social Services Division of the Confederated Salish and Kootenai Tribes of the Flathead Nation in Montana has developed a comprehensive Developmental Assessment Clinic for children who have tested positive for meth and other drugs at birth. Of these children, 70%–80% are placed in foster care with relatives and then referred to the clinic, where they receive physical therapy, speech and language, medical, and dental screenings.

Although many of these families would also benefit from in-home support services, funding isn't available. "We need to learn how to remove, not just individual children, but whole families from the drug environment," explains Arlene Templer, the tribes' Social Services Division Manager. "We have the expertise to give children, parents, and relative caregivers the services they need, but we don't have the money."

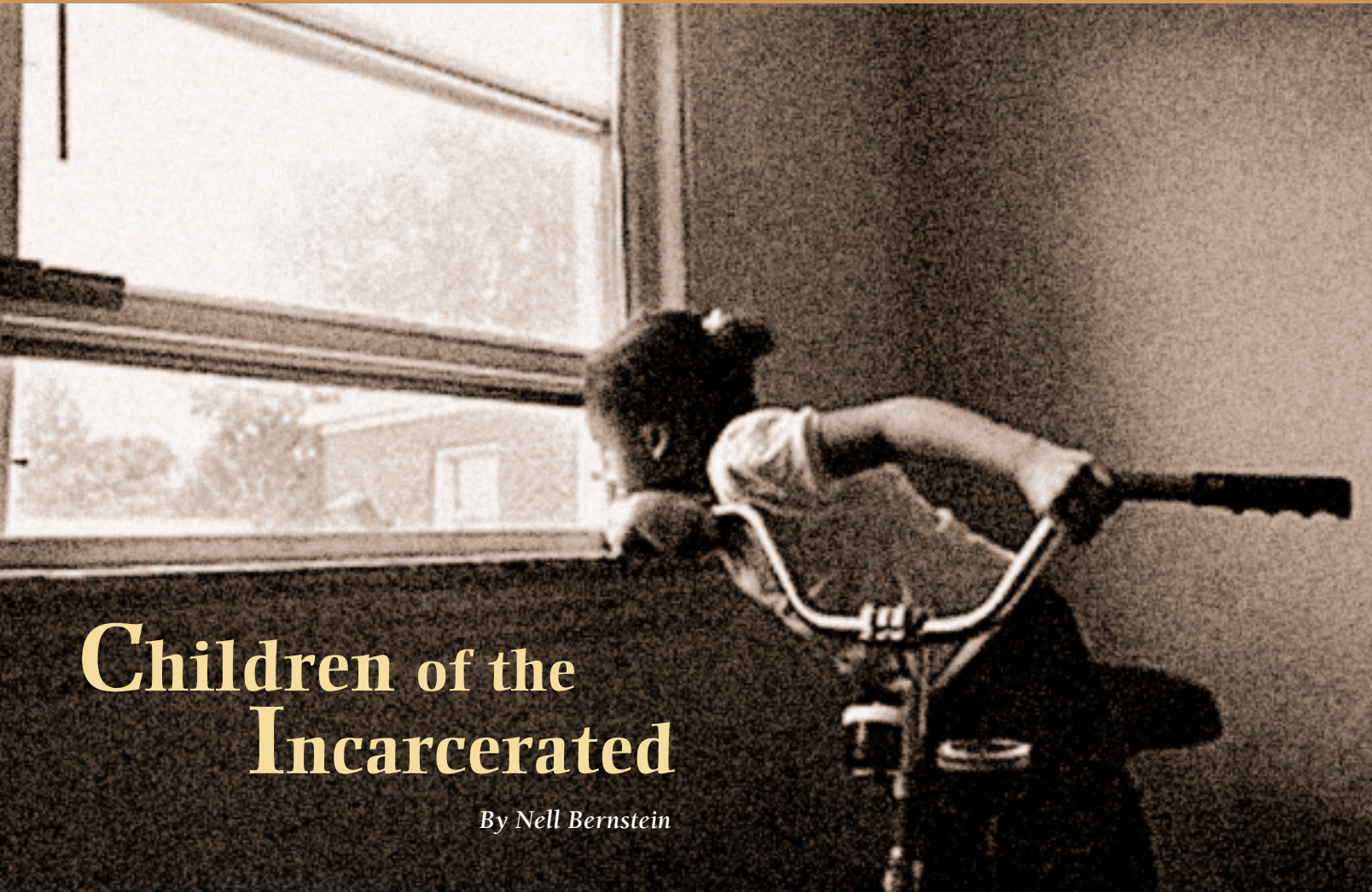
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immediate sanction and incentives to participate in substance abuse treatment. Drug courts bring all the players—judges, lawyers, substance abuse treatment professionals, and child protection agencies—into the process, forcing parents to confront meth use and other substance abuse-related issues.

One of the oldest and most effective drug treatment programs is the Sacramento County Family Drug Court in California. Over the past decade, the program has instituted a number of innovations that have substantially improved outcomes for thousands of children and families involved in the child welfare system.

At the very first detention hearing to determine a child's placement in the child welfare system, parents are referred to the STARS program (Specialized Treatment and Recovery Services), directly across the street from the courthouse, where they receive a comprehensive evaluation for appropriate services and a treatment plan. In addition to intensive counseling and other comprehensive treatment components, parents in the program are assigned role models, individual certified addiction specialists who are also in recovery.

All Alone in the World



Children of the Incarcerated

By Nell Bernstein

On a sweltering summer morning in Washington, DC, 9-year-old Diamond sat in the silence of the basement of the Shiloh Baptist Church, squirming in his seat. As an image formed on the computer monitor before him, his eyes widened, and the fidgeting ceased.

"Hi, Dad!" Diamond shouted, as if into a tin can—as if it were up to him to span the 360 miles that separated him from his incarcerated father, DeWayne Mixon. "Can you see me?"

Thanks to the magic of computer teleconferencing, Mixon—who was in the sixth year of a three-to-nine-year sentence for assault at the Corrections Corporation of America Northeast Ohio Correctional Center in Youngstown, Ohio—could, in fact, both see and hear his son. He was not, however, able to touch him, and it would likely be months before he could. With the exception of an extended visit earlier that summer, Mixon had not seen his son in person in more than five years.

In 2001, the federal government closed Washington, DC's decrepit Lorton Correctional Complex and began exporting its inhabitants. Today, nearly 6,000 DC residents are in federal

and private prisons across the country—some as far away as California. Children who were once able to visit their parents several times a month now see them only rarely—or not at all. A 15-minute phone call to the DC area used to cost \$1 from Lorton; now it can cost as much as \$30.

Carol Fennelly spent the 1980s and most of the 1990s advocating for the homeless in Washington, DC, living in and running that city's 14,000-bed Federal City Shelter. When DC started moving its prisoners out of state, Fennelly went with them. Starting out in Youngstown—a depressed former mill town that had come to depend on a constellation of private prisons for jobs and tax revenue—Fennelly began looking for ways to keep DC's prisoners connected with home and family.

"Once a dad gets in prison, he's generally no longer considered a part of his family," Fennelly observes. "Nothing in our society encourages this man to stay involved with his children."

At the same time, she says, prison can offer a "redemptive moment in someone's life, when they have been taken out of the context where they were doing the things that got them

there in the first place. A lot of times, because prisons are no longer focused on rehabilitation, that moment is lost. But if you can reach people when they want to do something in their lives—they want to be part of their families; they don't want to come back to this place—then that moment can become valuable, and it can lead to the redeeming of a life that might be lost.”

Fennelly does not see teleconferencing as a substitute for hands-on contact—she also facilitates offline visits and summer camps where DC children spend several days with their incarcerated parents. But for many exiled parents, virtual contact with their kids may be the only contact they get.

In a 40-minute teleconferencing session with Diamond, Mixon made it clear he worried about his fatherless son.

“Be careful out there,” he lectured Diamond, who lived with his grandmother and three siblings in a DC housing project. “Now, you know right from wrong, don't you?”

“Yes.”

“Don't be out there doing nonsense and acting crazy, you hear me?”

“Yes.”

“Cause you better than that, you hear me?”

“OK...Daddy? Daddy?”

The connection had dropped, and not for the first time.

Because the low-income neighborhood in which the church was located had neither cable-modem nor DSL access, Fennelly was using a standard telephone line. She did not have the bandwidth to run both sound and streaming video at once, so she alternated between the two, freezing the images in order for father and child to converse. Even so, the line got overloaded and the computer crashed regularly, requiring a several-minute pause as it restarted.

The disappointment on Diamond's face each time his father evaporated bespoke a problem that goes beyond bandwidth. The bits and pieces of their fathers that Fennelly is able to offer the children of DC prisoners only highlight the magnitude of what they have lost, as prisoners have come to be seen as commodities that can be shipped from one place to another to meet market imperatives.

As the teleconference stuttered along, Diamond began to lose his focus. He scrunched up his nose, chewed on his shirt, peered into the microphone. Periodically, he looked to Fennelly, who was present, for guidance in talking to his distant dad.

“Diamond, what grade you going to be next year?” Mixon asked his son.

“Fifth.” The image evaporated again. Diamond groaned in frustration and leaned in to restart the computer.

“You be good out there,” Mixon told his son as the session drew to a close. “I love you, OK? Give Daddy a kiss on the cheek.”

“How'm I supposed to do that?” Diamond asked.

In a telephone interview from the Northeast Ohio Correctional Center, Mixon, 32, says teleconferencing offers him a chance to be a father, but also provides a painful reminder of the limitations of his role as a long-distance dad, and the risks Diamond faces as a result.

“It's killing me now,” Mixon says. “I know he definitely needs me out there. I just want to be careful what I say to him. Talk to him about doing good in school. Tell him to watch who he hangs around with, 'cause a lotta them young boys out

there can be bad little role models. And I don't want him to follow in my footsteps. He listens to me, but being as I'm not out there, my hand is in the air. It's in the air.”

With budgets tightening and prison populations ballooning, family connections increasingly fall victim to fiscal concerns. Hawai'i, for example, sends nearly half of its approximately 3,500 prisoners to private prisons on the mainland, where they are housed at roughly half what it would cost to keep them at home—and where visits are prohibitively expensive for family members. Arizona sends prisoners to Texas; Indiana, to Kentucky; Wisconsin, to Oklahoma. Once they are in the private prison system, inmates may be moved again and again if cheaper beds turn up in another state.

Hawai'i transferred some of its mainland prisoners from Arizona to Mississippi—more than four thousand miles from home—in order to save \$9 per inmate per day. After my visit to DC, the Youngstown prison was closed, and Fennelly moved her teleconferencing program to a private prison in North Carolina, which holds about 1,400 men from DC.

The cost to families of outsourcing prisoners is not factored into budget deliberations, but the bill comes due all the same. Hawai'i is finding the recidivism rate is higher for prisoners who have been held thousands of miles from home than for those kept on the islands. Given the evidence that consistent visits prevent recidivism, it's likely the same holds true for other prisoners shipped out of state in the name of short-term savings.

As the distances between prisoners and their children increase, creative solutions such as Fennelly's abound. Several prisons operate family literacy programs, in which inmates tape-record stories to send to their distant children. Prisoners in Washington State learn how to send their children “paper bag hugs”—they draw and cut out brown-paper figures, which children are encouraged to wrap around themselves should they feel the need for a parent's embrace.

Each such program offers the children of incarcerated parents something that can best be described as better than nothing. Each also brings into painful focus the magnitude of the problem it is intended to address.

Bringing Children and Their Incarcerated Parents Together

In 1986, the Osborne Association launched the Family Works program, which operates children's centers at two New York men's prisons and offers parenting classes at three. It was the first such effort to address incarcerated fathers. Today, the children's centers host some 6,000 visits a year, and about 150 fathers go through the parenting classes.

On the outside, Family Works runs a Family Resource Center in Brooklyn, where people with relatives in prison can come for support and referrals, and a hotline—staffed by ex-prisoners and relatives of prisoners—that family members can call for advice and assistance in navigating any of the state's 70 scattered prisons. Osborne also offers released prisoners services such as drug treatment and job placement, and offers visitation support and other services at the Albion Correctional Facility for women.

Family Works operates on a few basic premises: Children love their parents, and parents love their children. People can be bad citizens but good parents. Incarcerated fathers can provide much of what children need from them. Relationships between fathers and the mothers of their children have a profound effect on kids. Contact between incarcerated fathers and their children can have a positive impact on both.

Weaving these premises into prison life is a complicated endeavor. By the time a child reaches the Children's Center at Sing Sing, she has passed through a lobby where a sign has warned her caretaker not to place her on the counter. She has taken off her shoes and passed through a metal detector. She has been assigned a row number and been admitted to a vast and bare visiting room, where a wall of windows offers a close-up view of coiled razor wire.

Along one side of the visiting room are rows of plastic chairs, in which couples are assigned to sit side-by-side. On the other side are tables, reserved for larger family groups. At the back are vending machines, beneath a sign that reads, "INMATE RESTRICTED AREA." For visitors who have yet to learn to read, the figure of a prisoner with a circle and a slash conveys the message: If Dad wants a Snickers bar, you'll have to get it for him. Prisoners at Sing Sing, as elsewhere, are not allowed to use or handle money.

Within the Children's Center—a small, Plexiglas-enclosed enclave off to the side of the larger visiting room—all this evaporates. Inside the center, fathers can hug and hold their children, read books to them, play computer games with them, or help them weave key chains out of colored string. Security dictates the transparent walls—correctional officers must be able to see in—but their effect is the opposite of the Plexiglas that separates parent and child in a traditional window visit: They foster intimacy rather than enforce distance. From inside the center—especially if one sits at child-level, where shelves of books and toys obscure the view—the expanse of the visiting room disappears, creating a sense of shelter and privacy, a glass-enclosed island in an ocean in a bottle.

The toys that fill the Children's Center are not there simply to divert or entertain the children; they are there because Osborne Association Executive Director Elizabeth Gaynes learned early on that small children do not connect with their parents via protracted conversation. Her own strongest childhood

memories, she realized, consisted less of conversation—the only form of interaction permitted in many visiting rooms—than of shared activity: a trip to the fair, being pushed on a swing. A child who draws a picture with his father, or joins him in a computer game, gains access to the building blocks of a family history. A child who makes her dad a sandwich from plastic bread and cheese at a toy kitchen has constructed for herself the memory of a picnic.

The Children's Center gives men who have taken the Osborne parenting class a chance to practice what they have learned, and it also works as a low-key recruiting office: When visitors sign in, they are asked whether they have taken the class and offered the opportunity to join.

Inside the Children's Center, program staff—including several inmates—continue, in subtle ways, to educate the men about their children's needs and development. Often, staffers find themselves helping a father choose a toy or understand a game—many had little chance to play with toys when they were children themselves.

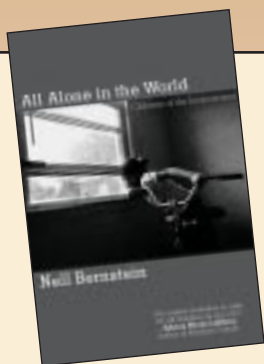
When researchers evaluated Family Works, prisoners reported they and their children talked more and were more affectionate with each other, and their children's grades and behavior improved, once they began using the Children's Center. This last finding, the researchers noted, offers hope the center may help prevent children from "engaging in behaviors that, as they age, could escalate into more delinquent forms. As such, the Children's Center may be an important tool in reducing the intergenerational cycle of incarceration."

On a small table inside the Children's Center sits a stack of copies of the *Rainbow Gazette*, a thick quarterly magazine edited by inmate staff and written by prisoners and their visitors. Children who come to the Children's Center are invited to write for the *Rainbow Gazette*. In their submissions, visiting children offer their own assessments of the Center:

"I looked around and I got scared for a moment," one girl wrote of her first visit to Sing Sing, "but I was told that I was here for a good reason. I sat in the playroom, and two gentlemen help me feel comfortable and help me with the computers and games. It made me feel good about being here."

"Today was fun and interesting," a 13-year-old girl wrote, "because I got to make a butterfly and flower. I also had a great time by meeting new people and talking to them. The colors were kind of pretty. They were so beautiful. I felt good to come and see my daddy. I want to come every two weeks to children center (sic)."

"I love my father, and I wish that he could come home," wrote a 6-year-old (with caregiver assistance). "On Father's Day, I am going to get a nice card for him. He is nice to me and he tickles me a lot when I come to visit him."



All Alone in the World: Children of the Incarcerated

2005, The New Press

All Alone in the World: Children of the Incarcerated is an intimate investigation into the lives of children of incarcerated parents by

Nell Bernstein, an award-winning journalist and former Soros Justice Media Fellow at the Open Society Institute of New York. Bernstein's book discovers that a few innovative programs and brave leaders are finding ways to ensure the need for justice and public safety are met without punishing children.

The hope that drives the Children's Center is that butterflies and tickles—not just bars and razor wire—will lodge in the children's memories of time spent with their fathers. On the day I visited, Mariano, who had been at Sing Sing three years, was familiarizing himself with a Barbie computer game his daughter Marie Isabel favored. A wiggly 6-year-old with a wide grin and four missing teeth, Marie Isabel kept her arms wrapped around her father's waist as he spoke.

Before he was transferred to Sing Sing, Mariano had been at a facility that had no children's center. Once, in the visiting room there, Marie Isabel tripped and fell in front of him. He had to leave her on the ground; getting out of his seat to pick her up would violate the rules. The hardest part was explaining to his then 3-year-old daughter that her father would get in trouble if he reached for her.

Marie Isabel was clearly getting restless as her father and I spoke. Her wriggling escalated until, with the gleeful imperiousness of a newly crowned princess, she succeeded in leading him away. They left the Children's Center to get their photograph taken together beneath a banner that read, in ornate hand-painted script, "Thinking of You Always."

At 11:00 AM, the Children's Center emptied abruptly. Women and children returned to their assigned tables in the main visiting room, while the men stood beside them—arms at their sides or clasped behind their backs—for "count."

Samuel—a 43-year-old black man with long, graying dreadlocks—is one of the inmates who staff the Children's Center. At count time, he told me, he sometimes looks around and does a silent accounting of his own. For every child in the room, there is likely another child who has been hurt by a prisoner's actions. For every family striving to connect inside Sing Sing, another has been ruptured by a crime. Samuel looks around the room and sees harm multiplying outward—ghost victims everywhere, not least his own.

Samuel sits in a small, toy-filled office in the back of the Children's Center, his hands folded in his lap as he carefully chooses his words. He was a few years out of high school, working in a watch-repair shop and expecting his first child, when he agreed to act as a lookout in a robbery. The victim, who turned out to be an off-duty housing officer, pulled out a gun and started shooting. Samuel's accomplice fired back and killed the man. Samuel, who was seriously wounded, was convicted of felony murder and sentenced to 18 years to life.

"For me, remorse is an action word," he says. "If I'm going to say I'm sorry, then my actions have to coincide with that. If someone really wants to express remorse, then they want to rehabilitate themselves."

Samuel pauses to accept a game of Candy Land from a little girl in pigtails. "For the most part, incarcerated men need to work on themselves, to make themselves better people," he continues. "Children hear what you say, but they more so watch what you do. It is this example they begin to shape their lives by."

Samuel's daughter was 6 months old when he went to prison. Now she is 22. In the interim, Samuel has acquired a bachelor's degree from Nyack College and a certificate in min-


istry and human services from the New York Theological Seminary, and he has taken parenting and Aggression Replacement Training. He's had one "ticket" in 22 years, for wearing a uniform with tapered pants. He'd brought them with him from another institution, where customizing was permitted.

He studies books with titles such as *Boon Doggle: A Book of Lanyard and Lacing*, and he can rattle off—and execute—elaborate ribbon-braiding techniques such as the Chinese Staircase and the Twisted Cobra. He recently turned down an opportunity to be transferred to a medium-security facility

so he could continue his work at the Children's Center.

Lately, Samuel doesn't see his daughter as often as he used to: She's in college, working nights, and she likes to spend her free time with her friends. Samuel doesn't ask for more; if he were 22 and free, Sing Sing would likely not be where he'd choose to spend his weekends, either. But because he has managed to make himself an example to his daughter, he's granted himself a bit of paternal license. When he does see her, he warns her about bad company and instructs her to stick with school and stay away from drugs.

Samuel interrupts his narrative again, to issue colored string to a 4-year-old with golden curls piled atop her head. The girl's father, who sits at a nearby computer with his older son, does not take his eyes off his daughter as she ventures back with the string.

"It's our hope that by the time a child leaves out that door, that child is now filled with so much love from their father that it'll sustain them until the next time they come back," Samuel says. "That's what we try to do inside here." 

Nell Bernstein is a freelance journalist who writes Berkeley, California. This material is adapted from her book, All Alone in the World: Children of the Incarcerated, and appears here with permission from The New Press. © 2005 by Nell Bernstein.

More Information About Children of Prisoners


In 2001, CWLA began oversight of the Federal Resource Center for Children of Prisoners (FRC) through a cooperative agreement with the U.S. Department of Justice, National Institute of Corrections. FRC collected and disseminated information, developed resources, provided training and technical assistance, and greatly increased public awareness about the needs and concerns of the children and families of the incarcerated.

Last year, FRC found a new home with the Family and Corrections Network (FCN), a CWLA member agency based in Virginia and founded in 1983 to provide resources for people helping children and families of prisoners. FRC's training services and other resources are now available through FCN. Contact FCN at 434/589-3036, or visit them online at www.fcnetwork.org.

Fighting Meth, continued from page 25

New Hope, New Directions

Meth is not the first nor the last child welfare crisis. Policy changes at the federal, state, and local levels must be flexible and broad enough to address a range of current and unforeseen issues. At the same time, meth's particular brand of devastation, especially on certain states and communities, is a potent reminder of the urgent need to continue testing, modifying, and replicating effective practices and new solutions to this entrenched problem.

In addition to promising strategies, the best weapon may be our nation's inherent capacity to support change when it's most needed. "We need to believe that change is possible," explains an adoptive father of 8-year-old twins whose birthmother recently entered substance abuse treatment. "If we lose hope, we might all as well pack it in." 

Mary Bissell and Jennifer Miller are partners in ChildFocus, a child welfare policy consulting, research, and strategic planning firm. Learn more at www.childfocuspartners.com. This article is excerpted and adapted from Generations United's *Meth and Child Welfare: Promising Solutions for Children, Their Parents, and Grandparents*. The full report, funded by the Pew Charitable Trusts, is available online at www.gu.org.

Congress Approves Grants for Meth Abuse

Legislation enacted last fall will provide \$40 million in grant funding for regional partnerships that address permanency outcomes for children affected by meth.

The Child and Family Services Improvement Act, S. 3525, which reauthorizes the Promoting Safe and Stable Families Program, establishes a series of grants to regional partnerships designed to address the safety, permanence, and well-being of children who are in, or at risk of placement in, out-of-home care as a result of meth or other substance abuse.

Competitive grants of \$500,000 to \$1 million will be available to address methamphetamine or other substance abuse as it affects the child welfare system. Grants will be from at least two to five fiscal years.

Applicants will have to demonstrate that meth or some other substance abuse has had a substantial effect on the number of out-of-home placements for children or the number of children who are at risk of placement, how they expect the funds to help address this impact, and how the integration of services and interagency collaboration will help achieve these goals.

Regional partnerships that address methamphetamines, have limited resources to address the needs of children affected, and lack the capacity for or access to comprehensive family treatment services will receive priority consideration.

Grant recipients will be able to use the funds for a variety of activities, including family-based, comprehensive, long-term drug treatment; early intervention and prevention; child and family counseling; mental health services; parenting-skills training; and replication of successful models for proven family-based, comprehensive, long-term substance abuse treatment.

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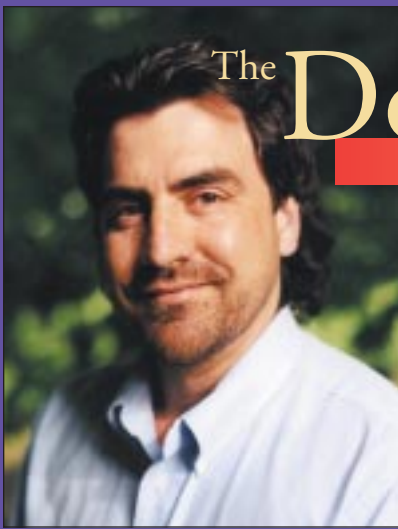
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The Down to Earth Dad

PATRICK MITCHELL

Dads Yesterday and Today

In my keynotes and workshops for programs, practitioners, and parents, I sometimes tease and entertain with a brief “History of Dads” segment, during which I play music depicting extreme stereotypical views of men. Then we move on to a more serious discussion of the important role of fathers in kids’ lives.

Sometimes the topic of men on television comes up, and a few specific men come to mind. There’s John Wayne (man as rugged individualist), Alan Alda (sensitive man), Hugh Beaumont (Ward Cleaver, the even-tempered, responsible businessman and even more responsible father), Bill Cosby (Cliff Huxtable, the good-natured upper-class father with all the right answers), and of course, Homer Simpson (the epitome of the father-as-gluttonous-and-lazy-and-simple-minded man...and caring dad).

I spoke recently with Charles Flatter, an educational consultant to *Sesame Street* for 25 years, and he told me we’ll look back on 2006 as a time of relatively high father involvement—not on TV per se, but in general. Flatter is a father and grandfather who serves as Chair of the Department of Human Development and Director of the Institute for Child Study at the University of Maryland.

“Today you have more father involvement; 40 years ago, you didn’t have the same kind of involvement,” he says. “The exciting thing about fatherhood today is that we’re seeing an increased interest among fathers in doing their part, fulfilling their role, and celebrating the contributions they can make. Men are saying, ‘I really want to be a dad.’ That, to me, is a change.”

A nationally recognized parenting expert, and the author of several child development textbooks, Flatter is keenly interested in young children’s educational, social, and emotional development. And he’s uniquely poised, with a child in his 40s, to take a wide view of father involvement in history going back as far as the 1960s. Historically, he says, dads were far less overtly involved in their children’s upbringing (the Ward Cleavers of the time notwithstanding).

“Back in the 1960s, it was relatively rare to see fathers reading books to young children, changing babies’ diapers, or talking with employers about getting more time off to be with their kids,” he says. “I think we’re seeing [today] more of an interest in the question, ‘What is the father’s contribution, and how does it differ from the mother’s contribution?’ Many men in the past talked about their children in terms of, ‘I have them,’ or ‘I am proud to have them,’ but not as affectively associated with, ‘My children really enrich my personal life,’ as much as I see with some fathers today. These are positive changes that we can visibly see.”

I travel occasionally for my work, and I remarked to Dr. Flatter that I see family bathrooms in airports, malls, and other public places everywhere I go. “This was something that just didn’t exist in any form in the ’60s or ’70s,” he says, explaining that, in the ’60s and ’70s, many men just didn’t ‘go there’—to the place of overtly doing things that were traditionally, or at least stereotypically, the woman’s domain.

“To some degree,” Flatter says, “men refused to do [early childhood things] in the past because they thought it feminized them and demeaned the thing they valued most, which was their masculinity. The thinking was, ‘Masculine people cut down trees, but they don’t change diapers.’”

“That’s the difference between then and now. You can [watch] many early television shows, which really depicted dad as always having the right answers, and mom as always doing the right thing. I think we’re getting around to where mothers and dads share the right answers, and mothers and dads share doing the right things.”

I couldn’t have said it better myself. 

A regular contributor to Children’s Voice, Patrick Mitchell publishes a monthly newsletter, The Down to Earth Dad, from Coeur d’Alene, Idaho, and facilitates the Dads Matter!™ Project for early childhood programs, schools, and child- and family-serving organizations. He conducts keynote addresses, workshops, and inservice and preservice trainings. To reserve Patrick Mitchell for speaking engagements, or to implement the Dads Matter!™ Project for your families and community partners, call him toll-free at 877/282-DADS, or e-mail him at patrick@downtoearthdad.org. Website: www.DownToEarthDad.org.

The slippery endeavor called fundraising isn't just asking people for money, it's telling them and showing them what your organization does. That would be pretty simple except those prospective donors—and even many tried and true donors—tend not to listen. Or they listen to too much at once.

Marketing and public relations are specialties whose practitioners can draw us in, get us to desire particular scents or flavors, buy impractical vehicles, dress in a particular fashion, or crave almost anything.

Lacking the secret knowledge of those almost-rocket-scientists, fundraising can feel like trying to nail Jell-O to the wall—somewhere between impossible and not likely, with a whole lot of messy thrown in. To paraphrase the old saw, “When a fundraising campaign falls on a populace and no one pays attention, is there fundraising?” Probably not. Put another way: If the first time a prospective donor has ever heard about your organization is when you are asking for money, you are probably going to be disappointed.

The Internal Revenue Service has granted nonprofit status to more than one million organizations. That's a great deal of competition for charitable dollars. The good news is that Americans are extremely generous: We currently pour some \$260 billion into philanthropies of every stripe. Typically, more than 85% of that generosity comes from the pockets of individuals. The challenge is that, unlike corporations and foundations, which generally have printed guidelines or tax records available for public scrutiny, individuals do not.

Capturing and keeping the attention of these free-range donors can be a challenge. Regardless of the size of a nonprofit organization and its fundraising program, the fundraising umbrella almost inevitably covers marketing and public relations—the same disciplines that help Procter and Gamble sell soap and Chrysler sell cars. But only the largest nonprofits have the luxury of staff and money to devote to those necessities, right? Wrong.

Although many in the fundraising trade consider marketing and public relations elusive specialties they neither have the expertise nor the time to fully implement, the less fundraising is supported by those twins, the less likely a development program is to capture charitable dollars. If the concepts of marketing and public relations are slippery for you—somewhat akin to trying to nail Jell-O to the wall—read on. The most surprising thing you will find in the following paragraphs is how much you already know.

Simple Suggestions

This article captures some thoughts from dozens of people around the country on a subject that could be called grassroots, or seat-of-the-pants, or low-cost, or guerilla, or common-sense marketing and public relations. In a sentence or two, folks in the fundraising trade share what works for them. Their simple suggestions do not guarantee instant success, but some, if applied consistently over time, could make a difference for you.

Many suggest doing basic research before launching the effort, just like a feasibility study before a major fundraising effort.



Using public relations and marketing to make fundraising strategies stick.

By Jack R. Soares

“Check it out: Would you contribute to you? Do a self-test, and ask questions you think a donor would ask,” is one suggestion. “Use your answers to improve your marketing,” is one suggestion.

Another is, “Do market research with a group of donors. Ask what their concerns and favorite things are about your organization.”

Once you know what your various constituencies want, says Gwyn Lister of Accelerated Income Methods, “Make a marketing plan for each segment. Focus on how you will reach them and include them in your organization.”

Gail Meltzer, with Fund Raising Advantage, suggests, “Help your prospects and donors see what's in it for them by emphasizing how their values and your values match.”

Of course, you say, but who has time for that? The better question is, who can't afford to find time for that? Here are some basics:



Proofread exhaustively. Your credibility hangs in the balance. Can you provide a good service to your clients, save the whales, or protect the environment—or carefully husband a donor's funds—if you cannot spell correctly?

To relieve some of the exhaustion in exhaustive proofreading, one professional suggests proofreading “by having someone not directly connected with the piece read it out loud to you.” Says another, “Use your volunteers to check your work. That both helps ensure accuracy and keeps them involved in the process.”

While immersed in the business of your organization, it's easy to adopt its jargon. Is what you write understandable to

the general public? One expert advises, “Read what you've written aloud, and ask yourself, ‘Would my mother understand this?’” And would Mom find it compelling, even if she didn't know it was written by her absolute genius offspring who was selflessly toiling in the interests of a better world?

Planning for Publicity

Prospective donors, even regular donors, can be skeptical, as they should be. Questions are an indication of interest. The trick is gaining people's confidence that your answers are the right ones. How can you build trust? Accuracy in your communications is vital, but third-party endorsements help.

As much as it has been joked about, many of us put a great deal of faith in what the media tell us. Jennifer Conroy, Director of Development with Sunny Hills Children's Services in San Anselmo, California, says, “Plan your media the way you plan your fundraising so you can include print clippings or media excerpts with your funding requests.”

Another expert suggests, “Send news releases on a regular basis.” Don't wait for the media to notice you—tell them about your organization, its clients, the need for your services, your staff, significant gifts, and expansions of service. Use letters to the editor and submissions to the op-ed pages to comment on issues in the news that affect your cause.

Many reporters maintain a list of experts they can tap for quick quotes. How do you get on those lists? Watch and listen for bylined stories that relate to your mission, and share the views of your staff experts with those reporters.

Before you rush off to grab the 15 minutes of fame Andy Warhol said we'd all have, make sure your spokespeople are ready. Set up practice interviews. Lob them easy questions, but once they're warmed up, throw in some challenging queries. Lure them off the subject. Be prickly and insistent. Probe for irrelevant and minute details. Ask them about living wages for support staff, or your agency's recycling program, or the latest United Way scandal. The point of the exercise is that even the friendliest media people are not necessarily our friends. They have a job to do, and so do we.

Giving your spokespeople practice staying on subject and handling hostile questions will pay off. Teach them when to say, “I don't know,” without being embarrassed or defensive. These skills can even come in handy during question-and-answer sessions after talks to the local Rotarians.

The arrival of new staff and board members provides an opportunity to send out news releases. Many publications have columns on “people in business” or “people on the move.” Emphasize their qualifications to deepen readers' understanding of what your organization does and how it draws significant human resources to further its cause. Include a photo.

And that brings up another easy technique: photo displays of your top staff and board of directors. Posted on your website

and in your reception area, the photos help put a face to your organization. This is a dramatic way to show constituents your organization's leadership represents the diversity of the community it serves.

The names of the companies for whom your board members work may be more recognizable to constituents than the board members' names. If there's room on your letterhead for corporate affiliations, include them. If not on the letterhead, definitely include affiliations in the newsletter, on brochures, in your annual report, and on your website.

Give your board members business cards with your mission statement printed on the back. Help them talk about your organization by providing a pocket-sized list of general information and talking points. Revise the talking points regularly, and have copies available at every board meeting. You want them to promote your organization at every opportunity, so give them what they need. Groom your board chair as a spokesperson.

More on the Media

"Be persistent with media groups in your area" one fundraising expert advises—you're your geographic area and your area of service. The local press is good, but a magazine that touches on your organization's area of interest reaches people who already share that interest. "Make sure your press release is newsworthy. It must be compelling to editors who read zillions of them."

As with grant proposals, a development professional notes, "When looking for publicity, be selective in sending press releases." Hitting a farm journal with a story about your organization's planned beach clean-ups is just so much fodder. Even a well-written story that doesn't meet the particular outlet's deadline is a candidate for the round file. When you are successful, "use the reprints as marketing materials," mailing them to your donors and prospective donors.

Speaking of donors, "Increase personal contact with donors as much as possible," says Roy Quanstrom, Planned Giving Director for the Salvation Army, Heartland Division, in Peoria, Illinois. "Fundraising is friend-raising." How do you do that? "Join chambers of commerce, associations, and networking groups, and attend on a regular basis. Ask to present or be on the program committee."

Others suggest:

- "Network like there's no tomorrow. Give everyone your business card, and write on theirs when and where you met them, then work those contacts!"
- "Hold an open house at your organization, and invite both donors and prospects."
- "Offer a free seminar or workshop on a topic of general interest related to your organization."
- And, for public events, "Send out a news release and invite the media."

Just in case the media arrives at one of your events—invited or not—be ready to greet them and spend some time with

them. It is a good idea to have a packet of information handy that includes your board list (with their affiliations), a brief biography of your CEO and any other staff with a key role in the event, background on your organization, and current brochures and newsletters.

The News About Newsletters

A newsletter can be a great tool for keeping in touch with current and past donors and educating prospective donors. "Create a newsletter filled with interesting, short copy," seems like common sense, but it's easier said than done.

Advises one fundraising executive, "Once you commit to a newsletter, keep it coming regularly." That means integrating the collection, writing, and distribution into your work plan, budget, and calendar. Your news releases to the local media should appear in some form in your newsletter. Likewise, newsletter articles may be worthy of news releases.

The newsletter is more effective when it promotes upcoming events rather than reporting on what has already happened. Schedule distribution around planned events and campaigns, and use it to build the credibility of your organization, staff, and volunteers. A story about the employee of the month might mention the person's favorite color and the name of his or her pet, but the stronger message is the employee's passion for your cause and what makes that person an invaluable member of your team. Remember people's fascination with lists of names. Squeezing in lists of recent donors can be worthwhile. Above all, says one expert, "Make sure your newsletter is informative and covers a variety of topics."

Newsletters make great fodder for your website. Stories that have to be shortened for the print edition can appear in all their glory online. You can toss in sidebar articles to provide commentary on or expand your print articles. Direct your print readers to the website for that enriched content. Promote the benefits of the electronic version of your newsletter to your print subscribers—and don't forget to mention that one of the benefits is the cost savings to your organization. In the process, you'll also capture their e-mail addresses.

Newsletters and direct mail are fine for providing general information to large numbers of prospective donors and ongoing supporters. Major donors—regardless of your definition for that elite group—deserve major marketing and public relations attention, however. "Call major gift benefactors who have named spaces, and let them know the role that space is playing in your activities," suggests Phil Schumacher, Executive Director of Development, Lutheran Medical Foundation. That goes for programs funded by major donors, too. Share compliments from clients. Handwritten notes can have a big impact.

Sustaining Fundraising

When marketing to major donors, don't fall into the trap of good intentions. Most people find lavish attention addictive and will certainly notice when it stops or even lessens. As with any fundraising activity, give some thought to sustainability when planning to upgrade activity with major donors.

Sticky notes can make even routine, nonpersonalized material seem personal. For small numbers, a personal note on a sticky is great, but what happens when you want to give that same kind of special attention to 50 or 150? Simple. Fold a sheet of copier paper until you have eight small rectangles. Hand write a general comment such as, "Thought you'd be interested" in each section, and sign your name or initials, or however you would be recognized by the recipients. Duplicate the sheet on yellow paper to give you as many multiples of eight notes as you need for your mailing. Lop the sheets into individual notes. Use a glue stick to attach the notes to invitations, articles, or copies of letters from clients. Scanning the sheet of notes into a computer and printing the notes in blue ink enhances the personal look.

A website can be an invaluable tool in your marketing and public relations effort. If you don't have one, get one. Says Margaret Guellich with the American Life League, "Create an easy-to-navigate website. Ask for contributions on every page, and make it easy to donate."

Another development professional says, "Keep your website up-to-date, interesting, and informative." Make sure the home page draws people in with good graphics and lively copy and that the site has the kinds of things visitors will be interested to see spotlighted and just one click away. Check the websites of organizations similar to yours, and of other nonprofits and businesses in general, to see what approaches they use.

Electronic communication opens whole new vistas for inexpensive and easy public relations and marketing.

A website can be a portal to virtual libraries packed with information. You can provide visitors with links to other sites that will expand their understanding of your area of expertise (get permission for those links). Do you encourage your supporters to write their congressional representatives? Give them e-mail links to those officials. Are articles, support groups, or suppliers of possible interest

available to donors or clients? Link 'em up. Give visitors to your website the opportunity to make the spotlighted activities happen by making a donation.


Viral e-mail—an electronic "take one and pass it along" concept—presents more opportunities. The idea is to encourage your supporters to send your message to everyone in their e-mail address book, and to make it easy for them to do so. The message might be an invitation to an event, a rallying cry urging donations or letters and e-mails of support, or a heads-up on breaking news. Because these messages will be sent on your behalf, make sure your request is simple, straightforward, and thoroughly proofread. You don't want to embarrass yourself or your supporters with thousands of misspelled, grammatically incorrect, or off-topic missives.

And then there are serial letters. Like the Burma Shave signs of yore, serial letters, postcards, or e-mails end midthought, building anticipation of the next communication. Before launching this sort of project, plan the promotion's entire run so you know how many letters you'll be sending and, at least generally, what you'll be saying.

A variation on this theme is to send some small item along with each letter to pique the reader's interest. Enclose puzzle pieces, for example, in each letter so the reader can assemble a picture of your new building or something that illustrates a service—something that says, "Help us solve the funding puzzle." One business mailed a mystery object to customers and offered a prize to the first to guess its use.

And What About the Jell-O?

In the end, integrating marketing and public relations in fundraising is not all that hard. Businesses and other nonprofit organizations do the same sort of thing every day; just pay attention and emulate the best. Make no mistake, even the simplest of these efforts takes thought, time, and commitment, and maybe even some funding. There are few magic solutions. But pick the right option, and the effect on your fundraising will be as dramatic—and as easy—as nailing Jell-O to the wall.

Oh, and for the literal-minded, Jell-O can be easily nailed to the wall. Use three times the amount of gelatin called for in the recipe. Let it set. Find a suitable nail and a wall, and hammer away. 

Jack R. Soares is Chief Development Officer of the Lincoln Children Center in Oakland, California, and a Certified Fund Raising Executive (CFRE).

Special thanks to Susan W. Merrill for her help in gathering, organizing, and presenting the original list of "101 Ways to Nail Jell-O to the Wall." For a list of "101 Ways to Nail Jell-O to the Wall," or to add your suggestions to the growing list, e-mail JackSoares@LincolnCC.org.



Eye On CWLA

CURRENT EVENTS

NPT's *Power Influence* 2006 TOP 50



BILCHIK RECOGNIZED FOR "POWER AND INFLUENCE"

For the fourth time, industry magazine *NonProfit Times* (NPT) has included

CWLA's outgoing President and CEO Shay Bilchik on its Power and Influence Top 50 List, issued last August. The magazine selected individuals whom it described as having gone through rain, fire, pestilence, civil unrest, pandemics, and gloom of night, all the while trying to keep up with a need for services when bringing in new funding sources is increasingly more difficult.

The 2006 report described Bilchik as a "top lobbyist who heads the 900-member CWLA, which educates legislators that protecting vulnerable children is a family matter," and cited CWLA's Framework for Community Action as a blueprint for those in the nonprofit sector and elected officials to use.

"*The NonProfit Times* is a leading business publication for nonprofit management," says CWLA Board Chair George Swan. "This is a very prestigious honor for Shay and indeed recognizes his hard work and dedication in behalf of CWLA and our 900 member agencies, as well as his national leadership role."

Bilchik was the only leader of a national child welfare organization to make the list; however, several leaders in human services were also honored, including Israel L. Gaither, National Commander of the Salvation Army; Brian Gallagher, President and CEO of United Way of America; Charles Gould, President, Volunteers of America; David R. Jones, President and CEO of the Community Service Society of New York; Irv Katz, President of the National Human Services Assembly; and Jill Schumann, President & CEO, Lutheran Services in America. In addition to Bilchik, the two standouts in the area of children's services included Roy L. Williams, Chief Scout Executive, Boy Scouts of America, and Roxanne Spillett, President of Boys and Girls Clubs of America.

PUBLICATION HIGHLIGHTS INFORMATION FROM LGBTQ LISTENING FORUMS



CWLA and Lambda Legal have launched a new publication to serve as a guide for helping the child welfare system better meet the needs of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth in care.

Out of the Margins: A Report on Regional Listening Forums Highlighting the Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Care is a compilation of the experiences of LGBTQ youth in care, along with concrete solutions to end the problems they face in the foster care, juvenile justice, and homeless or transitional living systems. The information was gathered during 13 listening forums in 2003 and 2004, attended by more than 500 people from 22 states, including social workers, service providers, administrators, caregivers, and LGBTQ youth who are or were in care.

"This report offers concrete recommendations for policymakers and practitioners who want to make a difference in the lives of LGBTQ youth," says CWLA LGBTQ Program Director Rob Woronoff. "The experiences and practical solutions in this report come directly from the people who are most affected—the youth and their advocates, caregivers, and service providers."

Out of the Margins builds on Lambda Legal's 2001 publication, *Youth in the Margins*, a tool aimed at providing child welfare administrators with recommendations on policies, training, and services to better meet the needs of LGBTQ youth in care.

"We held listening forums in every region of the country and found that the needs of LGBTQ youth in care are by and large the same no matter where they live," says Rudy Estrada, Staff Attorney for Lambda Legal's Foster Care Project. "From large urban cities to small rural towns, not enough is being done to keep these young people safe. That kind of coast-to-coast consensus makes this book applicable to child welfare services everywhere."

Out of the Margins is available free on CWLA's website. Download as a PDF at www.cwla.org/programs/culture/glbttqpubs.htm, or order a print version at www.cwla.org/pubs/pubdetails.asp?PUBID=10022 (\$6.95 per copy for shipping and handling applies).

Lambda Legal, in partnership with CWLA, also recently published a toolkit to help child welfare professionals at all levels ensure LGBTQ young people in out-of-home care receive the support and services they deserve. *Getting Down to Basics: Tools for Working with LGBTQ Youth in Care* offers practical tips and information on an array of subjects of importance for LGBTQ youth and the adults and organizations who care for them. The toolkit can be ordered free from www.cwla.org or www.lambdalegal.org.

CWLA VOICES CONCERN OVER NEW CHILD ABUSE REGISTRIES

The President signed into law last July the new Adam Walsh Child Protection and Safety Act. The law expands the national sex offender registry by integrating the information in state sex offender registry systems and ensuring that law enforcement has access to the same information nationwide.

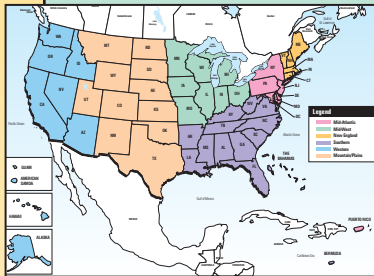
The law, named for the late child of John Walsh, television host of America's Most Wanted, also strengthens federal penalties for crimes against children and authorizes new regional Internet Crimes Against Children task forces that will provide funding and training to help state and local law enforcement combat sexual exploitation of minors on the Internet. Additionally, the law creates a new national child abuse registry that requires investigators to perform background checks of adoptive and foster parents before they are approved to take custody of a child.

CWLA has expressed concerns about some parts of the new law that were added late in the legislative process, particularly over the child abuse registry. CWLA signed onto a letter to lawmakers last summer from the National Child

Abuse Coalition, which stated, "The Coalition recognizes that not all states maintain the same registry information; some states no longer maintain registries at all. Most tribes, which are included in the proposed bill, maintain no registries at all." The Coalition also recommended the child abuse registry comply with the Child Abuse Prevention and Treatment Act, as the bill stipulates.

CWLA also expressed reservations about another of the bill's provisions that would prohibit California, New York, and several other states from continuing the way they address background checks of foster and adoptive parents.

A final concern is that the legislation mandates that juveniles be included on the national sex offender registry if they are an adjudicated delinquent of aggravated sexual assault and are age 14 or older. CWLA joined with many other organizations in calling on Congress to abide by established principles of confidentiality concerning juveniles, noting that without careful risk assessments and judicial review for juvenile sex offenders, youth who pose no future risk to public safety will have their own safety jeopardized and their futures inevitably compromised by their inclusion in the registry.



NEW REGIONAL DIRECTORS WELCOMED TO SOUTH, MIDWEST, AND NEW ENGLAND

In 2006, CWLA welcomed three new directors to its regional offices—Adrienne Humes Lewis as director of the Southern Region, Louise Richmond as head of the New England Region, and Cindy Ryman Yost as the Mountain Plains Region director.

Before coming to CWLA, Humes Lewis served as Deputy Director of the Maryland Association of Resources for Families and Youth, and as a Governor's Policy Fellow with the Maryland Department of Housing and Community Development and the Department of Juvenile Justice. Humes Lewis is not a new face at CWLA, having served as a public policy intern for the League in the past. She is based in Charlotte, North Carolina, and can be reached at 704/392-8041.

Richmond has worked as a child welfare professional for more than 25 years, much of that time with CWLA member agencies in Massachusetts. Most recently, she served as the Assistant Executive Director at Saint Vincent's Home in Fall River, Massachusetts. She is working from CWLA's office in Quincy, Massachusetts, and can be contacted at 617/770-3008.

Ryman Yost is former Chief Operating Officer for CEDARS Youth Services, a CWLA member agency in Lincoln, Nebraska. She has also served as President of the Nebraska Association of Homes and Services for Children. Most recently, she was the Executive Director of the Lincoln Children's Museum in Nebraska. Ryman Yost is based in Lincoln, and can be reached at 402/730-9275.

We're Moving!

After 21 years, CWLA is leaving its Washington, DC, headquarters for a new location across the Potomac River in the Crystal City area of Arlington, Virginia. The move is scheduled for March. CWLA's new contact information will be

Child Welfare League of America
2345 Crystal Drive, Suite 250
Arlington VA 22202

Watch "Eye on CWLA" in future editions of *Children's Voice*, as well as CWLA's website at www.cwla.org, for more information, including new telephone and fax numbers.



SAVE THE DATES

JANUARY 29-31, 2007

Women in Leadership
Life, Work, Family, Self: A Multitasking Balancing Act
Sheraton Suites, San Diego, California

FEBRUARY 26-28, 2007

CWLA National Conference
Children 2007: Raising Our Voices
Marriott Wardman Park, Washington, DC

Dates and locations subject to change. For more information on the CWLA calendar, including conference registration, hotels, programs, and contacts, visit CWLA's website at www.cwla.org/conferences, or contact CWLA's conference registrar at register@cwla.org or 202/942-0286.

Bulletin Board

INFORMATION

Increasing Literacy Skills Through Arts Education

Programs that engage students in arts education can improve children's literacy skills, according to the early findings from a three-year study conducted by the Solomon R. Guggenheim Museum. The study analyzed the effects of the Guggenheim's pioneering program, Learning Through Art (LTA), to determine the improvement, if any, in students' abilities to describe and interpret art and to apply these skills to understanding written text.

The study showed that students participating in LTA performed better in several categories of literacy and critical-thinking skills—including extended focus, hypothesizing, and providing multiple interpretations—than did students who were not in the program. Students in the program are asked to discuss a particular work of art and an excerpt from an award-winning children's book. The study indicated that LTA students used more words to express themselves and demonstrated higher overall literacy skills than did the control group.

"Excellence in teaching is a hallmark of the Guggenheim," says Kim Kanatani, Director of Education at the Guggenheim, "and the evaluation findings confirm what we have known intuitively—that our dynamic approach to viewing, discussing, and creating works of art with youth improves their ability to think and read."

A museum trustee created LTA in 1970, when New York schools were cutting art and music programs. Since its inception, more than 130,000 students in dozens of public schools have participated in the program. The museum dispatches artists who spend one day a week at schools over a 10- or 20-week period, helping students and teachers learn about and make art. Groups of students also go to the Guggenheim to see exhibitions.

For more about the LTA program, visit www.learningthroughart.org.

Child Poverty Surges in Midwest

Child poverty in the United States has increased significantly since 2000, and a new report, *The New Poor: Regional Trends in Child Poverty*, by the National Center for Children in Poverty (NCCP) reveals that children and families in some regions have been hit harder than others.

"Our political leaders talk about how strong our economy is, but this report shows clearly that families in all regions of the United States are struggling to make ends meet," says NCCP Deputy Director Nancy K. Cauthen. "The story from the Midwest makes it painfully obvious that work at low wages is not enough to keep families out of poverty. It's time we address the challenges associated with low-wage work."

Nationwide, child poverty has increased 12% since 2000, but the increase in the Midwest was a stunning 29%—by far the largest of any region. In addition, the Midwest was the only region where poverty increased even among children with employed parents, due to the loss of relatively well-paid manufacturing jobs.

In the Northeast, child poverty increased by 11%, and in the South by 9%. The child poverty rate in the West remained virtually unchanged.

The report calls for solutions that strengthen regional economies and address the problems associated with low-wage work. NCCP points to a number of immediate policy changes that would improve conditions for low-wage workers and their children, including raising the minimum wage, enacting or expanding state earned income tax credits, restoring immigrants' access to health care, and strengthening unemployment insurance.

To read the entire report, visit http://nccp.org/pub_npr06.html.

Better Disaster Planning Needed for Child Welfare Systems

How prepared for disaster are state child welfare systems? A Government Accountability Office (GAO) report indicates only 20 states and the District of Columbia have written child welfare disaster plans, and their plans vary regarding the kinds of issues addressed.

Nineteen states address the preservation of child welfare records, 13 address the ability to identify children who may be dispersed as a result of a disaster, 11 address the ability to identify new child welfare cases, 10 address the coordination of services, and just 6 address the need to place children in other states.

In the aftermath of the devastating hurricanes in 2005, Representative Jim McDermott (D-WA) proposed legislation to support child welfare efforts in future disasters. His request for the GAO report was an outgrowth of those efforts.

GAO recommends Congress pass legislation requiring states develop and submit disaster plans, and that the U.S. Department of Health and Human Services provide guidance to states in the planning of disaster relief as it relates to child welfare issues. Forty-eight federal disasters were declared last year, punctuated by Hurricane Katrina.

The GAO report is online at www.gao.gov/cgi-bin/gettrpt?GAO-06-944.

Study Shows How Kids' Media Use Helps Parents Cope

Various forms of electronic media are central to many families, and parents often use them to help manage busy schedules, keep the peace, and facilitate family routines, according to a new national study released by the Kaiser Family Foundation.

The report, *The Media Family: Electronic Media in the Lives of Infants, Toddlers, Preschoolers, and Their Parents*, is based on a national study of 1,051 parents of children ages 6 months to 6 years. The study reveal that, in a typical day, 83% of children younger than 6 use screen media for approximately two hours. Media use increases with age: 61% of babies 1 year old or younger watch screen media in a typical day—this statistic increases to 90% for 4- to 6-year-olds.

One-third of the children surveyed have televisions in their bedrooms. As one mother commented, "Media makes life easier. We're all happier. He isn't throwing tantrums. I can get some work done." Some of the parents surveyed expressed satisfaction with the educational benefits of television and mentioned that it can teach positive behaviors.

"Parents have a tough job, and they rely on TV in particular to help make their lives more manageable," says Vicky Rideout, Vice President and Director of Kaiser's Program for the Study of Entertainment Media and Health. "Parents use media to help them keep their kids occupied, calm them down, avoid family squabbles, and teach their kids the things parents are afraid they don't have time to teach themselves."

The study also found:

- Of children younger than 2, 43% watch TV every day, and 18% watch videos or DVDs every day.
- Most parents say they are in the same room with their children while they're watching TV either all or most of the time.
- Of parents with children younger than 2, 26% say their children have never watched TV.
- Sixty-six percent of parents say they've seen their children imitate positive behaviors from TV, and 23% say their children have imitated aggressive behavior, like hitting or kicking. Older boys are more likely to imitate aggressive behavior from TV.
- Fifty-three percent of parents say TV tends to calm down their children, whereas 17% say TV gets their children excited.

The full report is available online at www.kff.org/entmedia/7500.cfm.

Finding a Better Means of Detecting Infant Brain Injury

Researchers have discovered a new screening test that may identify infants who are at increased risk for inflicted traumatic brain injury and, thus, cut down on misdiagnoses of shaken baby syndrome or other brain injuries.

Thousands of children nationwide are injured or killed as a result of child abuse every year. The most common cause for inflicted brain injury in the first two years of life is shaken baby syndrome. The research could become a breakthrough in helping doctors diagnose shaken baby syndrome and have an impact on prevention efforts, the National Center on Shaken Baby Syndrome said in a statement.

Rachel P. Berger, in collaboration with other physicians and researchers from Children's Hospital of Pittsburgh, found the levels of certain proteins in blood or spinal fluid increase in infants with brain injury, and that using serum and cerebrospinal biomarkers can help in screening infants who are at high risk for traumatic brain injury and whose injuries might otherwise be missed.

"Proper diagnosis of inflicted traumatic brain injury, or shaken baby syndrome, is often difficult even for experienced and astute physicians because caregivers rarely provide a history of trauma, children present with nonspecific symptoms such as vomiting, and the physical examination can be completely normal," says Berger, who is also an Assistant Professor of Pediatrics at the University of Pittsburgh School of Medicine.

The study was published in the American Academy of Pediatrics' journal *Pediatrics*. More information on the study is online at <http://pediatrics.aappublications.org/cgi/content/abstract/117/2/325>.

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Waivers Boost Child Care Funding Post-Katrina

The U.S. Department of Health and Human Services (HHS) issued waivers to Louisiana, Mississippi, and Texas last summer, paving the way for those states to receive \$60 million worth of child care vouchers to support their recovery efforts following Hurricanes Katrina and Rita.

The waivers lifted federal requirements for state matching funds for states to receive Child Care and Development Fund money. HHS granted the waivers under provisions of an emergency supplemental appropriations act passed by Congress early last year to aid victims of 2005's Gulf hurricanes.

"We are dedicated to helping children and families recovering from hurricane disasters," says HHS Secretary Mike Leavitt. "These waivers will provide parents with much-needed child care services as they continue to rebuild their lives and communities."

Louisiana will receive \$27 million; Mississippi, \$2 million; and Texas, \$31 million to help low-income families affected by Katrina and Rita.

Raising our VOICES for Children

CHILDREN 2007

February 26–28, 2007

Marriott Wardman Park

Washington, DC

Circle the dates
February 26 through 28
on your 2007 calendar,
and start planning now
to attend
Children 2007.

This year's National Conference, *Children 2007: Raising Our Voices for Children*, will offer you the chance to meet face-to-face, initiate discussions and collaborations, showcase best-practice models, and vocalize your concerns about issues affecting children and families in one-on-one meetings with lawmakers. By raising our voices collectively, we can make the world a better place for our nation's most vulnerable children.

What better place to amplify our voices than in the nation's capital. The Hill visits and state caucuses that take center stage on the second day of every CWLA National Conference are one important facet of our work. They are advocacy in action. The plenary sessions, workshops, meetings of task forces and working groups, and informal networking that goes on around the conference are equally essential.

Children's Voice



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